



समाहिका



६५ औं
वार्षिकोत्सव



परोपकार प्रसूति तथा स्त्रीरोग अस्पताल

थापाथली, काठमाण्डौ
२०८१ भदौ १० गते सोमबार
श्रीकृष्ण जन्माष्टमी



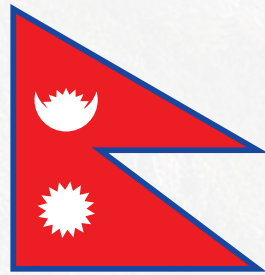


Heartly Congratulation and
Best Wishes
to
Paropakar Maternity
&
Women's Hospital
on the Auspicious Occasion
of
it's 65th Anniversary

RASUWA M.A. PRATISTHA CONSTRUCTION J.V.

Kantipath, Kathmandu, Nepal

Tel: 01-4430096, 9841-336699



राष्ट्रिय गान

सयौं थुँगा फूलका हामी, एउटै माला नेपाली
सार्वभौम भई फैलिएका, मेची महाकाली । २

प्रकृतिका कोटीकोटी सम्पदाको आँचल
वीरहरूका रगतले, स्वतन्त्र र अटल ।

ज्ञानभूमि, शान्तिभूमि तराई, पहाड, हिमाल
अखण्ड यो प्यारो हाम्रो मातृभूमि नेपाल ।

बहुल जाति, भाषा, धर्म, संस्कृति छन् विशाल
अग्रगामी राष्ट्र हाम्रो, जय जय नेपाल ।



पत्र संख्या:-
चलानी नं:-

राष्ट्रपतिको कार्यालय



राष्ट्रपति भवन
महाराजगञ्ज, काठमाडौं, नेपाल ।

शुभकामना सन्देश

सम्माननीय राष्ट्रपति श्री रामचन्द्र पौडेलज्यूले परोपकार प्रसुती तथा स्त्रीरोग अस्पतालले आफ्नो ६५ औं वार्षिकोत्सवको अवसरमा जानकारीमुलक सन्देश सहितको स्मारिका प्रकाशन गर्न लागेकोमा खुसी व्यक्त गर्नुभएको छ ।

सम्माननीय राष्ट्रपतिज्यूले नेपालको संविधानमा व्यवस्था भएको सुरक्षित मातृत्व र प्रजनन स्वास्थ्य सम्बन्धी मौलिक हक कार्यान्वयनको लागि अस्पतालले विगत लामो समयदेखि प्रदान गर्दै आएको सुरक्षित मातृत्व र प्रजनन स्वास्थ्य सम्बन्धी सेवा प्रवाहको प्रशंसा गर्नुभएको छ । साथै, अस्पतालले मातृ तथा नवजात शिशु मृत्युदर घटाउन पुर्‍याएको योगदानको सराहना गर्नुभएको छ । मातृ र नवजात शिशु स्वास्थ्य सम्बन्धी सेवालाई अझ प्रविधिमैत्री बनाउँदै जनभावना अनुरूप सेवाको गुणस्तर अभिवृद्धि गर्न अस्पताललाई थप सफलता मिलोस् भन्ने कामना गर्नुभएको छ ।

अन्त्यमा, सम्माननीय राष्ट्रपतिज्यूले यस स्मारिकामा प्रकाशित सामग्रीहरू सम्बद्ध क्षेत्रका पेशाकर्मी एवम् आम पाठकका लागि समेत उपयोगी हुने विश्वास व्यक्त गर्नुहुँदै विषम परिस्थितिमा समेत कर्तव्यनिष्ठ भई निरन्तर रुपमा बिरामीको सेवामा समर्पित अस्पतालमा कार्यरत सम्पूर्ण चिकित्सक, नर्स, स्वास्थ्यकर्मी एवम् कर्मचारीहरूलाई धन्यवाद सहित शुभकामना प्रदान गर्नुभएको छ ।

धन्यवाद ।

२०८१ साल भदौ ७ गते, शुक्रबार ।

ने.सं. ११४४ गुँलागा ४ शुक्रबार ।

आज्ञाले,

(नारायणप्रसाद शर्मा दुवाडी)
सचिव



प्रधानमन्त्री

काठमाडौं, नेपाल ।

शुभकामना

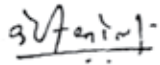
नेपालको पहिलो स्त्रीरोग अस्पतालका रूपमा रहेको परोपकार प्रसूति तथा स्त्रीरोग अस्पतालको ६५ औं स्थापना दिवसका अवसरमा हार्दिक बधाई तथा शुभकामना व्यक्त गर्दछु ।

सुरक्षित मातृत्व तथा प्रजनन स्वास्थ्य सेवा एवं नवजात शिशु सेवा प्रवाहको क्षेत्रमा सहज, सर्वसुलभ एवं गुणस्तरीय स्वास्थ्य सेवा दिन यस अस्पतालको भूमिका महत्वपूर्ण रहदै आएको छ । आमा सुरक्षा कार्यक्रम, नवजात शिशु उपचार कार्यक्रम, स्तनपान व्यवस्थापन केन्द्र, बाँझोपना उपचार, पाठेघर उपचार, परिवार नियोजनका कार्यक्रम तथा महिला प्रजनन स्वास्थ्य लगायतका सेवाहरुमा यस अस्पताले पुर्‍याएको योगदान महत्वपूर्ण छ । दुर्गम क्षेत्रका जोखिममा रहेका गर्भवतीहरुका लागि हवाई उद्धार गरी मानव जीवनको रक्षाका निम्ति अस्पतालले खेलेको भूमिका प्रशंसनीय छ ।

सरकारले निरोगी नेपालको अभियानलाई अगाडि बढाएको छ । यसका लागि निरोधात्मक र प्रतिरोधात्मक दुवै पद्धतिलाई अवलम्बन गरिएको छ । यस अभियानलाई सफल पार्न यस अस्पतालले आफ्नो तर्फबाट भूमिका निर्वाह गर्ने छ भन्ने विश्वास लिएको छ । यस अस्पतालले अन्तर्राष्ट्रिय क्षेत्रमा विकास भएका तथा उपलब्ध नवीनतम प्रविधि र उपचार पद्धतिलाई आत्मसात् गरी सेवालाई आगामी दिनमा थप परिष्कृत गरिनु पर्दछ । नागरिकलाई प्रत्यक्ष अनुभूत हुनेगरी सहज र सर्वसुलभ रूपमा स्वास्थ्य सेवा उपलब्ध गराउन अस्पताल थप क्रियाशील हुनेछ भन्ने विश्वास लिएको छ ।

अन्त्यमा, परोपकार प्रसूति तथा स्त्रीरोग अस्पतालको ६५ औं स्थापना दिवसका अवसरमा प्रकाशित हुने स्मारिका प्रकाशनक सफलताको शुभकामना दिदै यसका व्यवस्थापक, विशेषज्ञ चिकित्सक एवं सम्पूर्ण कर्मचारीलाई हार्दिक बधाई एवं शुभकामना व्यक्त गर्दछु ।

४ भदौ, २०८१


केपी शर्मा ओली

प्रदीप पौडेल
Pradip Paudel

स्वास्थ्य तथा जनसङ्ख्या मन्त्री
Minister for
Health and Population



नेपाल सरकार
Government of Nepal

स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय
Ministry of Health and Population



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Website: www.mohp.gov.np

रामशाहपथ, काठमाडौं, नेपाल
Ramshahpath, Kathmandu, Nepal

पत्र संख्या (Ref. No.): ०८१/८२

चलानी नं. (Dispatch No.): ११२

मिति (Date):

शुभकामना

परोपकार प्रसूति तथा स्त्रीरोग अस्पतालले आफ्नो स्थापनाको ६५औं वार्षिकोत्सवको अवसरमा स्मारिका प्रकाशन गर्न लागेको जानकारी पाउँदा अत्यन्त खुशी लागेको छ । स्मारिकामा समावेश गरिएका सामाग्रीहरूले प्रसूति गृहको क्रियाकलापका बारेमा आमनागरिकलाई समेत सुसूचित हुने अवसर मिल्नुका साथै महिला स्वास्थ्य सम्बन्धी खोज अनुसन्धान गर्ने व्यक्ति तथा संस्थाहरूलाई सहयोग पुर्याउने विश्वास लिएको छु ।

नेपाल सरकारको पहिलो स्त्री रोग अस्पतालका रूपमा वि.सं. २०१६ सालमा स्थापना भई निरन्तर सेवा प्रवाह गरिरहेको यस अस्पतालले, नेपाल सरकारले अवलम्बन गरेको सुरक्षित मातृत्व तथा प्रजनन स्वास्थ्य सेवा एवं नवजात शिशु सेवा प्रवाहको क्षेत्रमा पुर्याएको योगदान प्रशंसनीय रहेको छ । साथै, स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयको मार्गदर्शन अनुसार अस्पतालले आफ्नो व्यवस्थापकीय क्षमतालाई विकास गर्दै सेवाग्राहीलाई गुणस्तरीय सेवा प्रदान गर्न विस्तारित स्वास्थ्य सेवा, अनलाइन टिकट प्रणाली लगायतका सफ्टवेयर प्रणालीबाट समेत सेवाहरू प्रदान गरेकोमा अत्यन्तै खुशी लागेको छ ।

यस अस्पतालमार्फत प्रवाह हुने आमा सुरक्षा कार्यक्रम तथा नवजात शिशु उपचार कार्यक्रम, वृहत स्तनपान व्यवस्थापन केन्द्र (Human Milk Bank), बाँझोपना उपचारका लागि आई.यु.आई./आई.भि.एफ कार्यक्रम, दुर्गम क्षेत्रका महिला गर्भवतीहरूको हवाई उद्धार गरी उपचार, एकद्वार सङ्कट व्यवस्थापन केन्द्र (OCMC), निःशुल्क गर्भपतन, पाठेघर उपचार, परिवार नियोजन कार्यक्रम लगायत महिला प्रजनन स्वास्थ्य सम्बन्धी थुप्रै सेवाहरू बाट आम महिला दिदीबहिनीहरूलाई प्रत्यक्ष सेवा पुगेको स्मरण गर्दै, अस्पतालबाट प्रदान गरिने सेवालाई अझै प्रविधिमैत्री बनाउँदै जनभावना अनुरूप प्रवाह गर्न आगामी दिनहरूमा थप प्रभावकारिता अभिवृद्धितर्फ सफलता मिलोस् भन्ने शुभकामना दिन चाहन्छु ।

अन्त्यमा, सदैव सेवा भावकासाथ स्वास्थ्य सेवामा योगदान पुऱ्याइरहनुभएका सम्पूर्ण कर्मचारीहरूलाई विशेष धन्यवाद तथा यस स्मारिकाको प्रकाशनमा सक्रिय भई लाग्नुहुने सम्पूर्णलाई धन्यवाद दिन चाहन्छु । यस स्मारिका प्रकाशनको माध्यमबाट संस्थाको विकासमा थप योगदान पुर्याउने विश्वासका साथ अस्पतालको सफलता र उत्तरोत्तर प्रगतिका लागि शुभकामना व्यक्त गर्दछु ।

धन्यवाद!

श्रावण ३१, २०८१

प्रदीप पौडेल
मन्त्री



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय

(.....शाखा)



फोन नं.

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प्राप्त पत्र संख्या :-

पत्र संख्या :-

चलानी नं. :-

रामशाहपथ,

काठमाडौं, नेपाल ।

मिति :

विषय :- शुभ-कामना

परोपकार प्रसुति तथा स्त्रीरोग अस्पतालको आफ्नो स्थापनाको ६५ औं वर्षमा अस्पतालले गरेको सेवाहरुलाई जनमानसमा जानकारी गराउने उद्देश्यले स्मारिका प्रकाशन गर्न लागेकोमा खुसी लागेको छ ।

परोपकार प्रसुति तथा स्त्रीरोग अस्पतालले स्त्रीरोग सम्बन्धी आधारभुत उपचारका साथै विशेषज्ञ सेवा प्रदान तथा स्वास्थ्य क्षेत्रको उच्च शिक्षा प्रदान गर्ने कार्यमा सदैव यस अस्पतालले प्रशंसनीय रुपमा अग्रणी भुमिका निर्वाह गर्दै आएको छ ।

अस्पतालले तयार गरेको गुरु योजना अनुसार पुराना संरचनाहरु हटाई नयाँ भौतिक पूर्वाधारको विकास, अस्पतालको O & M सर्भेक्षण अनुसार दरवन्दीको व्यवस्था, नवनिर्मित आधुनिक भवनमा यन्त्र उपकरणको व्यवस्था, दक्ष जनशक्तिको आपूर्ति, आमा सुरक्षा कार्यक्रम लगायत नेपाल सरकारका अनिवार्य दायित्वका कार्यक्रमहरुको प्रभावकारी व्यवस्थापनको कामना गर्दै यस अस्पतालले आगामी दिनहरुमा गुणस्तरिय प्रजनन स्वास्थ्य सेवा प्रवाहमा अभिवृद्धि गर्दै उच्च सफलता हासिल गर्ने अपेक्षा राखेको छ ।

मातृ तथा शिशु मृत्युदर घटाउन विभिन्न उपचारात्मक पद्धति र अनुसन्धानात्मक कार्यको विकास गर्न अस्पताल सफल होस् साथै अस्पताललाई आजको यस स्थितिमा ल्याउन मद्दत पुर्याउनुहुने अस्पतालका सम्पूर्ण कर्मचारीवर्ग तथा सम्बन्धि सबैलाई बधाई दिदै अस्पतालबाट प्रदान गरिने सेवाको स्तर अझ बढी स्तरिय र विश्वसनीय हुन सकोस् भन्ने शुभकामना व्यक्त गर्दछु ।

(डा. रोशन पोखरेल)

सचिव



नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

(.....शाखा)



फोन नं.

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प्राप्त पत्र संख्या :-

पत्र संख्या :-

चलानी नं. :- 6

रामशाहपथ,

काठमाडौं, नेपाल ।

मिति :

विषय :-

शुभकामना

नेपाल सरकारको केन्द्रीय रिफरल अस्पतालको रूपमा रहेको परोपकार प्रसूति तथा स्त्रीरोग अस्पतालको स्थापनाको ६५औं स्थापना दिवसको उपलक्ष्यमा स्मारिका प्रकाशन गर्न लागेको जानकारी पाउँदा मलाई खुसी लागेको छ ।

आमा तथा नवजात शिशुको उपचारमा छुट्टै पहिचान बनाएको यस अस्पतालले पाठेघर सम्बन्धी ६५ शैया सहित ४८९ शैयाहरू संचालन गरी आम महिलाहरूमा सेवा पुऱ्याउँदै आएको छ । दिन प्रतिदिन बढ्दै गएको विरामीहरूको चापलाई मध्यनजर गरी Ticket Counter थप, Pharmacy Counter विस्तार, Online Ticketing, नवजात शिशुको स्वास्थ्यलाई ध्यानमा राखी २० बेडको NICU संचालन तथा विरामीलाई रकम भुक्तानीमा सहजताका लागि QR Code वाट Payment गर्दै सेवा प्रवाहलाई थप गुणस्तरीय, प्रविधियुक्त तथा विरामी मैत्री बनाउँदै लगेको छ ।

विज्ञान र प्रविधिको विकाससँगै समय सापेक्ष आइपने चुनौतीहरूलाई सामना गर्दै गुणस्तरीय प्रजनन स्वास्थ्य सेवा प्रवाहका साथ साथै मातृ तथा शिशु मृत्युदर घटाउन उपचारात्मक पद्धति र अनुसन्धानात्मक कार्यको विकास गर्न सेवा प्रवाहलाई अझ उन्नत र विश्वसनीय रूपमा विस्तार गरी उत्कृष्ट अस्पतालको रूपमा स्थापित गर्ने कार्यमा सफलता मिलोस भन्ने कामना गर्दछु । साथै स्वास्थ्य सेवा प्रदान गर्ने कार्यमा संलग्न स्वास्थ्यकर्मीहरू तथा अन्य कर्मचारीहरूलाई हार्दिक धन्यवाद व्यक्त गर्दै ६५औं वार्षिकोत्सव तथा स्मारिका प्रकाशन कार्यको पूर्ण सफलताका लागि हार्दिक शुभकामना व्यक्त गर्दछु ।

(हरिप्रसाद मैनाली)

सचिव



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग

महाशाखा

४-२६१७१२
४-२६१४३६
फ्याक्स: ४-२६२२६८

पचली, टेकु
काठमाडौं, नेपाल ।

पत्र संख्या:-

चलानी नम्बर:-

शुभ-कामना

वि.सं.२०१६ साल श्रीकृष्ण जन्माष्टमीका दिन स्थापना भई निरन्तररूपमा सेवा प्रवाहमा कटिबद्ध रहेको परोपकार प्रसूति तथा स्त्रीरोग अस्पतालले आफ्नो स्थापनाको ६५ औं वार्षिक उत्सवको अवसरमा स्मारिका प्रकाशन गर्न लागेको जानकारी पाउँदा मलाई अत्यन्त खुसी लागेको छ । यस अवसरमा अस्पतालका कर्मचारी तथा शुभेच्छुकहरू प्रति शुभकामना व्यक्त गर्न चाहन्छु ।

नेपालको संविधानले प्रदत्त गरेका स्वास्थ्य सम्बन्धी प्रत्याभूति, नेपाल सरकारले लिएको स्वास्थ्य नीति तथा राष्ट्रिय योजना आयोगको मार्ग दर्शन बमोजिम महिला स्वास्थ्य सम्बन्धी कार्यक्रमहरू सञ्चालन गर्ने केन्द्रीय अस्पतालको रूपमा यस अस्पतालले खेलेको भूमिका जति प्रशंसा गरे पनि कमै हुन्छ । सोही योजनाले परिलक्षित गरेका सामाजिक सूचकहरूको लक्ष्य प्राप्ति अन्तर्गत जन्म हुदाँको अपेक्षित आयु, किशोरी अवस्थाको प्रजनन दर, आमा सुरक्षा कार्यक्रम तथा नवजात शिशु उपचार कार्यक्रमहरूमा प्राप्त उपलब्धि सन्तोषजनक देखिएको छ ।

अस्पतालले सञ्चालन गरेको वृहत् स्तनपान व्यवस्थापन केन्द्र (Human Milk Bank), वाझोपना उपचारको लागी आइ.यु.आइ./आइ.भि.एफ. कार्यक्रम नमुना कार्यक्रमको रूपमा अघि बढेको र अस्पतालले नयाँ भवन निर्माण गरि सर्वशुलभ तरिकाले सेवा प्रवाहको व्यवस्था गरेकोमा खुसी लागेको छ ।

कोभिडको महामारी लगायत हरेक प्रकारका प्रतिकूल परिस्थितिमा स्वास्थ्य सेवाको मर्म बुझ्दै सेवा भावका साथ स्वास्थ्य सेवामा खटिनुहुने सम्पूर्ण कर्मचारीहरूलाई विशेष धन्यवाद दिन चाहन्छु । आगामी दिनमा यस अस्पतालले दक्ष जनशक्तिको साथमा प्रविधि मैत्री आधुनिक यन्त्र तथा उपकरणहरू प्रयोग गर्दै गुणात्मक स्वास्थ्य सेवा प्रदान गर्दै जाने छ भन्ने विश्वास लिएको छु ।

धन्यवाद

डा. संगीता कौशल मिश्रा

महानिर्देशक



नेपाल सरकार
स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय
परोपकार प्रसूति तथा स्त्रीरोग अस्पताल
विकास समिति

फोन नं.
डाइरेक्टर : ४२६०४०४
कार्यालय : ४२६०२३१
रिसेप्सन : ४२४३२७६
पोष्ट बक्स नं. ४३०७
धपाथली, काठमाडौं

पत्र संख्या:-

शुभकामना सन्देश

मिति:-

यस अस्पताल वि.सं.२०१६ साल भाद्र १० गते श्रीकृष्ण जन्माष्टमीको पावन दिनमा ४० शैयावाट परोपकार श्री ५ इन्द्र राज्य लक्ष्मी देवी प्रसूति गृह तथा शिशु कल्याण केन्द्रको नाममा स्थापना भई वि.सं. २०६४ साल असोज १३ गतेदेखि परोपकार प्रसूति तथा स्त्रीरोग अस्पतालको रूपमा सञ्चालित रही हाल ६४ औं वर्ष पार गरी ६५ औं वर्षमा प्रवेश गरेको सु-अवसरमा अस्पतालका समग्र गतिविधिहरू समेटेर स्मारिका प्रकाशन गर्न लागेको जानकारी गराउन पाउँदा खुसी लागेको छ ।

आफ्नो स्थापना दिवसको पावन खुसीयाली तथा श्रीकृष्ण जन्माष्टमीको शुभ उपलक्ष्यमा समस्त कर्मचारी परिवार अध्ययनरत विद्यार्थीहरू, सेवाग्राही तथा तिनका परिवार प्रति हार्दिक शुभकामना व्यक्त गर्न चाहन्छु । प्रसूति, स्त्रीरोग तथा नवजात शिशुहरूको उपचारको लागि केन्द्रीय अस्पतालको प्रमुख भूमिका निर्वाह गरिरहेको यस परोपकार प्रसूति तथा स्त्रीरोग अस्पताल नेपालकै सबैभन्दा ठुलो उपचारको केन्द्रको रूपमा परिचित रही आएको छ । मुलुकको एक मात्र प्रसूति सेवा प्रति सदा सर्वदा दत्तचित्त रहेको यस अस्पतालले ६४ बर्से समयको अन्तरालमा विभिन्न बाधा-व्यवधान/आरोह-अवरोहका विचमा मातृ शिशु स्वास्थ्यसँग सम्बन्धित विषयहरूमा महत्त्वपूर्ण भूमिका खेल्न सफल भएको छ ।

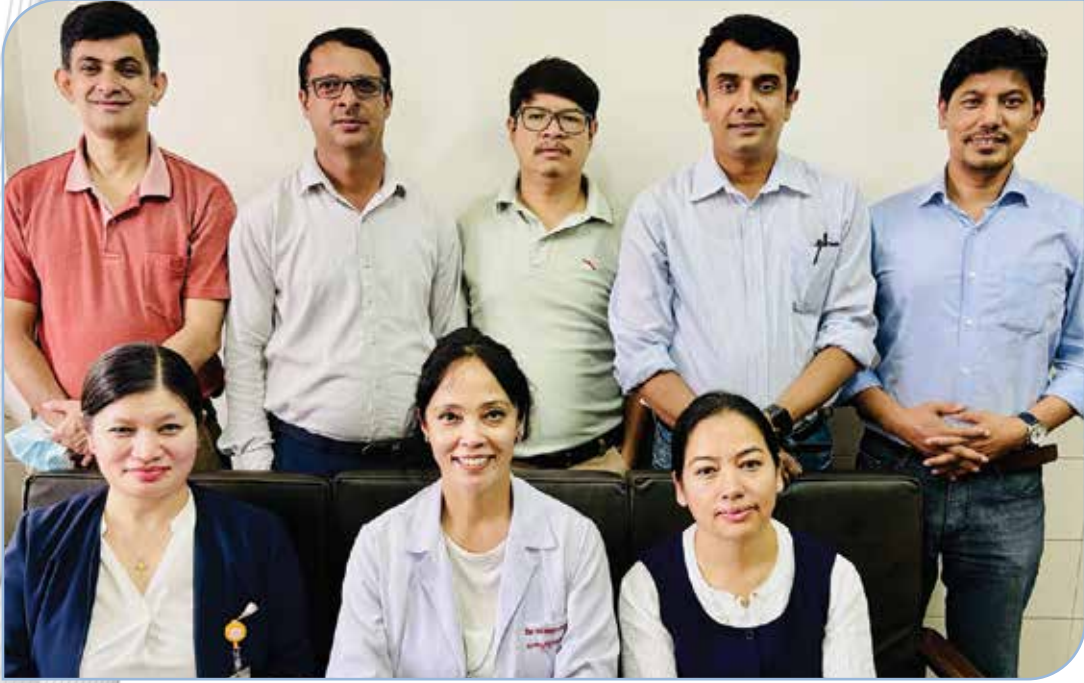
नेपाल सरकार स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयवाट सञ्चालित मातृ तथा नवजात शिशुहरूको निःशुल्क उपचार गर्दै आएको यस अस्पतालमा स्त्रीरोग सम्बन्धी उपचार गर्ने विरामीहरूको लागि सेवा विस्तार गरी विशिष्ट कृत सेवा पनि सञ्चालन गरेको छ । यस अस्पताल नेपालको केन्द्रीय रिफरल सेन्टर तथा आमा तथा नवजात शिशुहरूको उपचार गर्ने सम्बन्धमा छुट्टै पहिचान बनाउन सफल भएको छ । नेपाल सरकारको मातृ तथा नवजात शिशु स्वास्थ्य सँग सम्बन्धित विभिन्न तालिमको लागि यस अस्पतालले केन्द्र बिन्दुको भूमिका खेलेको विदितै छ साथै आ.व.२०८०/०८१ देखि स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयका माननीय मन्त्रीज्यूको निर्देशनलाई समेत ध्यानमा राखी अस्पतालले विरामीहरूको चापलाई मध्यनजर गरी थप Ticket Counter, Pharmacy Counter, रकम भुक्तानीमा सहज होस भनेर QR Code वाट Payment Online Ticketing सेवा उपलब्ध गराएको छ । यस अस्पतालमा नवनिर्मित भवनवाट निःसन्तान उपचार सेवा, परिवार नियोजन सेवा तथा सुरक्षित गर्भपतन सेवाशुरु गरिएको र आगामी दिनमा यस भवनवाट आधुनिक उपकरण तथा प्रविधिहरूको प्रयोग सहित छिटो छरितो रूपमा अन्य विशिष्टकृत सेवाहरू प्रदान गर्ने लक्ष्य राखिएको छ ।

अन्त्यमा सीमित सुविधाका बावजुद पनि अहोरात्र अस्पताल तथा सेवाग्राहीको लागि खटिने सम्पूर्ण चिकित्सक, नर्सिङ कर्मचारी, प्राविधिक कर्मचारी, प्रशासनिक कर्मचारीहरू, सेवा र अध्ययन दुवैका लागि समर्पित विद्यार्थीहरू तथा यस स्मारिका प्रकाशनमा खटिनु भएका सम्पूर्ण सहयोगी कर्मचारीहरू प्रति ६५ औं वार्षिकोत्सवका अवसरमा हार्दिक शुभकामना व्यक्त गर्दै आगामी दिनहरूमा अस्पतालको सेवा अभिवृद्धिमा प्रेरणा मिलोस् भन्ने कामना गर्दछु ।

धन्यवाद

डा.श्रीप्रसाद अधिकारी,
निर्देशक

स्मारिका प्रकाशन कमिटी



प्रकाशन कमिटीका सदस्यहरु

डा. सुभाष रेग्मी

डा. तारा गुरुङ्ग

डा. करिश्मा मल्ल बैद्य

डा. अतित पौडेल

डा. हरि कुमार श्रेष्ठ

श्री रानु थापा मानन्धर

श्री ढुण्डिराज दाहाल

श्री राज कुमार श्रेष्ठ

प्रकाशक : परोपकार प्रसूति तथा स्त्री रोग अस्पताल विकास समिति
थापाथली, काठमाण्डौ, नेपाल, पो.ब.नं. ५३०७,
फोन : ५३५३२७६, ५३५३२७७, ५३६०२३१
फ्याक्स : ००९७७-०१-५३६०२७४
इमेल : info@pmwh.gov.np
वेबसाइट : www.pmwh.gov.np

सर्वाधिकार : प्रकाशकमा

प्रकाशित मिति : भदौ, २०८१ (August 2024)

मुद्रण : क्लासिक प्रिन्टिङ सर्भिस, अनामनगर, फोन नं.: ०१-४१०२६०२

पूर्व अध्यक्षहरू

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|----------------------------------|-------------------------------------|
| १. श्री गेहेन्द्र राजभण्डारी | १३. डा. कोकिला वैद्य |
| २. श्री उदयप्रसाद उपाध्याय | १४. डा. दिव्य श्री मल्ल |
| ३. डा. दिनेशानन्द वैद्य | १५. डा. सानु मैया दली (२ पटक) |
| ४. डा. महेन्द्र प्रसाद | १६. डा. लक्ष्मीनानी श्रेष्ठ (२ पटक) |
| ५. डा. यज्ञराज जोशी | १७. डा. कल्याणराज पाण्डे |
| ६. डा. गौरी शंकरलाल दास | १८. डा. बी.डी. चटौत |
| ७. डा. भरतराज वैद्य | १९. डा. सरस्वती एम्. पाध्ये |
| ८. डा. नगेन्द्रध्वज जोशी | २०. डा. श्याम सुन्दर मिश्र |
| ९. डा. लक्ष्मणप्रसाद पौडेल | २१. डा. नन्द प्रसाद शर्मा |
| १०. डा. नर्वदालाल मास्के | २२. डा. लता बज्राचार्य |
| ११. डा. द्वारकानाथ रेग्मी | २३. प्रा. डा. विदुर प्र. वस्ती |
| १२. डा. योगेन्द्रमान सिंह प्रधान | |

पूर्व निर्देशकहरू

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| १. डा. शिला वाजपेयी | ५. प्रा. डा. सुधा शर्मा |
| २. डा. कान्ति गिरी | १०. डा. शीला बर्मा (२ पटक) |
| ३. डा. दिव्यश्री मल्ल | ११. डा. लता बज्राचार्य |
| ४. डा. सावित्री गुरुङ्ग | १२. प्रा. डा. पुष्पा चौधरी |
| ५. डा. लक्ष्मीनानी श्रेष्ठ | १३. प्रा. डा. जागेश्वर गौतम (२ पटक) |
| ६. डा. सरस्वती एम्. पाध्ये | १४. प्रा. डा. अमिर बाबु श्रेष्ठ (२ पटक) |
| ७. डा. बिमला लाखे | १५. डा. संगीता कौशल मिश्रा |
| ८. डा. कस्तूरी मल्ल | १६. डा. पवनजङ्ग रायमाभी |

पूर्व उप-निर्देशकहरू

- | | |
|-----------------------------|---------------------------------|
| १. डा. चन्द्र बहादुर कार्की | ५. डा. मिरा थापा (उपाध्याय) |
| २. डा. शुशीला श्रेष्ठ | १०. प्रा. डा. अमिर बाबु श्रेष्ठ |
| ३. डा. शोभा खत्री | ११. डा. शिलु आर्याल |
| ४. डा. कस्तूरी मल्ल | १२. प्रा.डा. गेहनाथ बराल |
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अस्पतालका गतिविधिहरू



डा. श्रीप्रसाद अधिकारी
निर्देशक

मुलुकको एकमात्र महिला स्वास्थ्य सम्बन्धि केन्द्रिय विशिष्टीकृत अस्पतालको रुपमा सञ्चालित नेपाल र नेपालीको मातृ शिशु स्वास्थ्यको क्षेत्रमा अमूल्य योगदान दिन सफल यस अस्पताल बि.सं. २०१६ साल भाद्र १० गते श्री कृष्ण जन्माष्टमीको शुभदिनमा परोपकार संस्थाले ४० शैय्याबाट शुरु भई समयक्रमसँगै विकास समिति गठन आदेश ऐन अन्तर्गत २०६४ साल असोज १३ गते देखि परोपकार प्रसूति तथा स्त्रीरोग अस्पताल नामबाट नामकरण भई निरन्तर सञ्चालनमा रहेको छ।

नेपाल सरकारले लागु गरेको आमा सुरक्षा तथा नवजात शिशु उपचार कार्यक्रम लगायत अन्य अनिवार्य दायित्वका कार्यक्रम समेत कार्यन्वयन क्रममा हाल यस अस्पतालमा ४ सय ८९ शैय्याबाट सेवा प्रदान गरिएको छ।

यस अस्पताल नेपाल सरकार अन्तर्गतको पहिलो सर्भसुलभ मूल्यमा निसन्तान उपचार सम्बन्धि आई.भी.एफ. सेवा संचालन गर्ने अस्पतालको रुपमा स्थापित छ। यस सेवालाई स्तरोन्नती गरि नियमित रुपमा संचालनमा ल्याई हालसम्म संघीय अस्पतालहरूका चिकित्सक तथा अन्य स्वास्थ्यकर्मीहरूलाई आई.यू.आई. सेवाको तालिम उपलब्ध गराईएको र आगामी दिनहरूमा थप गुणस्तरिय सेवा तथा दक्ष जनशक्ति उत्पादनको लागि यस अस्पतालले आई भीएफ सेवाको तालिम संचालन गरी नेपाल सरकारको नीति तथा कार्यक्रम अन्तर्गत दूर दराजमा रहेका चिकित्सक तथा स्वास्थ्यकर्मीहरूको क्षमता अभिवृद्धिकरणमा अहम भुमिका खेल्ने विश्वास लिएका छौं।

हाल यस अस्पतालमा नेपाल अधिराज्य भरका गरिवीको रेखामुनी रहेका महिलाहरूको सुविधालाई ध्यानमा राखी दुरविन (ल्याप्रोस्कोपी)बाट छिटो छरितो रुपमा शल्यक्रिया भईरहेको छ। नेपाल सरकारको केन्द्रिय अस्पतालहरूमध्ये यस अस्पतालमा विस्तारित स्वास्थ्य सेवा EHS सेवा पनि अत्यन्त प्रभावकारी रुपमा

संचालनमा रहेको छ।

नेपाल सरकारको सम्पूर्ण जिल्लामा बिशेषज्ञ चिकित्सक सेवा पुर्याउने नीतिलाई सफल बनाउन यस अस्पतालले चिकित्सा बिज्ञान राष्ट्रिय प्रतिष्ठान अन्तर्गत रहि बिभिन्न बिषयमा स्नातकोत्तर एम.डी./एम.एस. को पढाई र युरो—गाईनकोलोजी, गाईने—अड्कोलोजी र इन्फर्टिलिटी विषयमा समेत फेलोसिपको पढाई सञ्चालन गरि रहेको छ।

गरिविको रेखामुनी रहेका आम नेपाली दिदीबहिनीहरूको स्वास्थ्यमा सहजरुपमा पहुच होस भन्नका लागि स्वास्थ्य तथा जनसंख्या मन्त्रालयको सहयोगमा उपचार गराउन आउने गरिब, अतीगरिब, बिपिन् तथा असहाय महिला तथा नवजातशिशुहरूको उपचारमा अस्पतालमा स्थापित सामाजिक सुरक्षाइकाई (एस.एस.यु.) बाट उपलब्ध गराईएको सेवाबाट उल्लेख्य सहयोग पुऱ्याएकोले आर्थिक अभावका कारण कुनै पनि सेवामा कुनैपनि बिरामीले उपचारबाट बन्चितहुनु परेको छैन। यसका साथै यसका साथै २०७२सालबाट लागु गरिएको राष्ट्रिय स्वास्थ्य बिमा कार्यक्रमबाट पनि सेवाग्राहीहरूले उल्लेख्य मात्रामा सेवा लिएका छन्।

हालका दिनहरूमा यस अस्पताल, विभिन्न सरकारी तथा गैरसरकारी नसिङ्ग कलेजहरूको लागि, विशेष गरि प्रसूति मिडवाइफरी शिक्षाको लागि केन्द्र बनेको छ। २०७३ साल देखि अस्पतालले आफ्नै परोपकार नर्सिङ्ग क्याम्पस समेत संचालन गर्दै आएकोमा चिकित्सा शिक्षा आयोगको स्थापना पश्चात स्नातकतहमा चिकित्सा बिज्ञान राष्ट्रिय प्रतिष्ठान अन्तर्गत २० जना मिडवाइफरी विषयहरूको विद्यार्थीहरूलाई अध्ययन अध्यापन भईरहेको र यस बर्ष देखि B.Sc नर्सिङ कार्यक्रम अन्तर्गत २० जना विद्यार्थी भर्ना भई अध्ययन अध्यापन समेत संचालनमा आएको छ र आगामी शैक्षिक सत्रबाट यस नर्सिङ क्याम्पसले २० जना थप गरि ४० जना B.Sc नर्सिङ

सी.टि.ई.भि.टि. अन्तर्गत पी.सी.यल. मिडवाइफरी कार्यक्रम पनि सञ्चालन गर्ने योजना बनाएको छ ।

दूर दराजका अति दुर्गम जिल्लाका महिलाहरु उपचारबाट बन्चित नहुने भन्ने विशुद्ध भावनाका साथ स्थापना भएको राष्ट्रपति महिला उत्थान कार्यक्रम अन्तर्गत दुर्गम छेत्रका ज्यान जोखिममा परेका गर्भवती तथा सुत्केरी महिलाहरुको निशुल्क हवाई उद्धार सेवाबाट उद्धार गरी ल्याएका महिलाहरुको उपचार नियमित रुपमा गरिएको छ ।

यस अस्पतालमा गुणस्तरीय प्याथोलोजी सेवा तथा उत्कृष्ट रक्तसंचार सेवा संचालनमा रहेको छ अस्पतालमा विरामिहरुलाई रगतको अभाव नहोस भनेर रक्तदान कार्यक्रमहरु अस्पताल परिसर तथा विभिन्न सेन्टरहरुमा नियमित रुपमा सञ्चालन गरिएको छ । नेपाल सरकार स्वास्थ्य मन्त्रालयले यस अस्पताल विश्व स्वास्थ्य संगठनको कोलाबरेटिङ्ग सेन्टरको रुपमा स्थापनाको सिफारिस गरेकोमा हामी अस्पताल परिवार अत्यन्तै गौरवान्वित छौ ।

अस्पतालको आफ्नै फार्मसीबाट सम्पूर्ण गुणस्तरिय औषधितथा सर्जिकल सामान अत्यन्त सुपथ मुल्यमा उपलब्ध गराईएको छ ।विरामीको चापलाई ध्यानमा राखी थप फार्मसी काउन्टर, विलिड काउन्टर,ओपीडी टिकट काउन्टरका साथै अनलाईन टिकटको पनि व्यवस्था गरिएको छ ।

नेपाल सरकारको प्राथमिकता प्राप्त स्तनपान प्रोत्साहन नीतिलाई अझै बढी व्यापक रुपमा फैलाउन र यसको उपयोग बढाउन स्थापित ह्युमन मिल्क बैंक अर्थात अमृत कोषले दाता आमाहरुबाट संकलन गरेको दुधलाई संक्रमणमुक्त गरि ६ महिनासम्म भण्डारण गर्न सकिने भएकोले आवश्यकता अनुसार आमाको दुधबाट बन्चित शिशुहरुलाई उपलब्ध गराई प्रत्यक्ष लाभान्वित बनाईएको छ ।

हाल यस अस्पताल परिसरमा रहेका धेरै जसो भवनहरु पुराना जिर्ण अवस्थाका भएकाले हालै सम्पन्न अस्पताल गुरुयोजना सर्वेक्षणबाट प्राप्त सुझाव अनुसार तत्काल गुरुयोजना कार्यान्वयन गर्न स्वास्थ्य तथा जनसंख्या मन्त्रालयमा पेश गर्न गरिएको छ भने यस अस्पतालको ओ.एन.एम. सर्भे स्वीकृतिका लागि मन्त्रालयमा पेश गरिएको छ ।

यस अस्पतालको कुपण्डोल परिसरमा रहेको सेवा विस्तार तथा अध्ययन अनुसन्धान सम्बन्धि नवनिर्मित भवनमा अस्पतालबाट प्रदान भैरहेको परिवार नियोजन सेवा तथा सुरक्षित गर्भपतन सेवा

स्थानान्तरण गरी प्रदान गर्नु थालिएको छ र यस भवनबाट चिकित्सा बिज्ञान राष्ट्रिय प्रतिष्ठान अन्तर्गत अध्ययनरत बिद्यार्थीहरु र देशका दुरदराजबाट तालिमका लागि आउने चिकित्सक, नर्सिंग लगायत सम्पूर्ण स्वाथ्यकर्मीहरुको लागि प्रयोग भई अध्ययन अनुसन्धानको लागि दायरा फराकिलो भइ सहजीकरण हुने छ भन्ने कुरा मा बिस्वस्थ रहेका छौ ।

यस अस्पतालबाट गत आ.व. २०८०/०८१ मा ओ पि डि मा आउने विरामिहरुको संख्या कुल १९४४९० जना रहेको छ जस मध्ये गर्भवति महिलाको ओ पी डी संख्या ७२०२५ रहेको छ ।जुन गत आ.व. को तुलनामा यस वर्ष ओ पि डि मा आउने विरामिहरुको संख्या तुलनात्मक रुपमा वृद्धि भएको देखिन्छ ।त्यस्तै निःसन्तान उपचारमा आउने विरामीहरुको संख्या गत वर्षको तुलनामा वृद्धि भई ९०११ पुगेको छ । गत आ.व. २०८०/०८१ मा आमा सुरक्षा कार्यक्रम २२३७९ ले प्रसुति सेवा लिएको, EHS सेवा अन्तर्गत १५४८६ जनाले सेवा लिएको, NICU सेवा अन्तर्गत २७८७ जनाले सेवा लिएको, सामाजिक सुरक्षा ईकाई OCMC तर्फ ४५९ जनाले सेवा लिएको, SSU तर्फ १२३८ जनाले सेवा लिएको, सुरक्षित गर्भपतन १९१५ जनाले सेवा लिएको, पाठेघर खस्ने रोगको उपचार २५२, IUI OPD service ९०११, IUI गरेका विरामी २२२, IVF सेवा अन्तर्गत सेवा लिएका विरामी २० जना , Human मिल्क बैंकमा मिल्क डोनेशन गर्ने संख्या ११६१ जनाबाट ७९८ लिटर मिल्क कलेक्सन रहेको मा ६३७ लि मिल्क १६७३ नवजात शिशुहरुलाई उपलब्ध गराईएको छ । यस अस्पतालबाट पाठेघरको मुखको क्यान्सर विरुद्धको खोप (HPV Vaccine) लिनेको संख्या १२५१ रहेको छ ।

हाल यस अस्पतालबाट उपलब्ध सेवाहरु

- आमा सुरक्षा कार्यक्रम तथा नवजात शिशु उपचार कार्यक्रम
- बृहत स्तनपान व्यवस्थापन केन्द्र (Human Milk Bank)
- बाझोपना उपचारको लागि आइ.यु.आइ./आइ.भि.एफ कार्यक्रम
- दुर्गम क्षेत्रका महिला गर्भवतीहरुको हवाई उद्धार गरी उपचार
- एकद्वार संकट व्यवस्थापन केन्द्र (OCMC)
- निशुल्क गर्भपतन
- पाठेघर उपचार
- परिवार नियोजन कार्यक्रम लगायत
- विस्तारित स्वास्थ्य सेवा (EHS)
- New Born Screening नवजात शिशुहरुको स्वास्थ्य परिक्षण
- चिकित्सा बिज्ञान राष्ट्रिय प्रतिष्ठान अन्तर्गत रहि बिभिन्न

बिषयमा स्नातकोत्तर एम.डी./एम एस. को पढाई र युरो (गाईनेकोलाजी, गाईने-अनकोलाजी र इन्फर्टिलिटी विषयमा फेलोसिपको पढाई संचालन

- २०७३ साल देखि अस्पतालले आफ्नै परोपकार नर्सिङ्ग क्याम्पस समेत संचालन
- २०७२ सालबाट लागु गरिएको राष्ट्रिय स्वास्थ्य बिमा कार्यक्रम यस अस्पतालमा सञ्चालन
- सेवाविस्तार तथा अध्ययन अनुसन्धान सम्बन्धि नवनिर्मित भवनबाट सेवा प्रारम्भ

अन्तमा यस अस्पतालका कर्तव्यनिष्ठ, लगनशील तथा कर्मयोगी कर्मचारीहरुको अथक मेहनतलाई धन्यवाद दिदै भविष्यमा समेत यसको निरन्तरता रहने कुरामा म विश्वस्थ छु । नेपाल सरकार स्वास्थ्य तथा जनसंख्या मन्त्रालय अन्तर्गत संचालित सम्पूर्ण आमा तथा नवजात शिशुहरु र महिला- प्रजनन स्वास्थ्य सम्बन्धि कार्यक्रमहरु यस अस्पतालबाट संचालनमा रहेको हुदा नेपालको स्वास्थ्य सम्बन्धि दिगो विकास लक्ष्य पुरा हुने अपेक्षा लिएका छौ ।

धन्यवाद

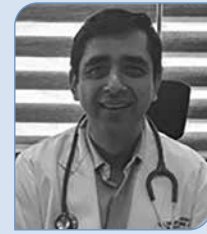
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डा. श्रीप्रसाद अधिकारी, निर्देशक
प्र.क. गाईनोकोलोजिष्ट तथा निःसन्तान रोग विशेषज्ञ

निःसन्तान को समस्या विश्वभर नै गम्भीर चुनौतीपूर्ण बनेको छ । यो समस्या केवल एउटा समूह र व्यक्तिहरूमा मात्र सीमित छैन, यसले समाजका विभिन्न तह र वर्गहरूमा असर पारेको छ । नेपालको सन्दर्भमा पनि यो एउटा ठुलो समस्या बनेको छ । यो समस्याले केवल व्यक्तिगत जीवनमा मात्र असर परेको छैन, यसले समाजको सामाजिक र आर्थिक संरचनामा पनि गहिरो प्रभाव परेको देखिन्छ । विश्वव्यापी रूपमा र नेपालको पनि बढ्दो सहरीकरण र जीवन शैलीले गर्दा निःसन्तान को सङ्ख्या बढेको पाइएको छ । विभिन्न अध्ययनहरूले देखाए अनुसार विश्वभरका १५-२०% जोडीहरू निःसन्तानको समस्याबाट प्रभावित छन् । निःसन्तानको दर देश अनुसार फरक-फरक हुन सक्छ । विकसित देशहरूमा यो दर सामान्यता उच्च देखिन्छ, जसको कारण व्यस्त जीवनशैली, अस्वस्थ खानपान र ढिला बिहे गर्नु हो ।

विकासशील देशहरूमा, यो दर कम देखिन्छ, तर त्यहाँ प्रजनन स्वास्थ्यको अभाव र चिकित्सा सेवाको कमीले गर्दा समस्या थप गम्भीर हुन पुगेको छ । यस समस्यामा समयमै ध्यान दिई यसको उपचारका उपायहरू अपनाउन सकेमा निःसन्तान सम्बन्धि समस्यालाई समयमा नै समाधान गर्न सकिन्छ । नेपालमा पनि यो बढ्दो क्रममा नै देखिन्छ, यसका कारणहरू बढ्दो सहरीकरण, अस्वस्थ जीवन शैली, धूम्रपान सेवन, मदिरा सेवन, प्रदूषण, ढिला विवाह, असुरक्षित यौन सम्पर्क रहेका छन् । नेपाल सरकारले स्वास्थ्य सेवाको पहुँच विस्तार गर्दै, प्रजनन स्वास्थ्य सम्बन्धी शिक्षा र जनचेतना कार्यक्रम सञ्चालन गर्दै आधुनिक चिकित्सा प्रविधिहरूको उपलब्धता बढाउँदै गएमा यस समस्याको समाधान समयमै गर्न सकिन्छ ।

परोपकार प्रसूति तथा स्त्री रोग अस्पताल महिला तथा प्रसूति रोगको लागि देश कै सबै भन्दा ठुलो अस्पताल को रूप मा चिनिन्छ । प्रत्येक वर्ष यस अस्पतालमा २२ देखि २४ हजारसम्म

गर्भवती महिलाहरूको डेलिभरी हुने गर्दछ । २०१६ साल मा ४० सैय्याबाट स्थापना भएको यस अस्पतालले ६५ औ वर्ष पार गरेको छ । समयको विकास क्रम सँगै परोपकार प्रसूति तथा स्त्री रोग अस्पतालले नेपाल सरकारका निःशुल्क कार्यक्रम लगायत विशिष्ट कृत सेवा सञ्चालन, नेपाल र नेपालीको मातृ शिशु स्वास्थ्य सुधार तथा नेपालको उच्च मातृ तथा नवजात शिशुको मृत्यु दर घटाउन अहम् भूमिका खेलेको छ । विशिष्ट कृत सेवा अन्तर्गत यस अस्पतालले निःसन्तान सेवा, गाइनो ओन्कोलोजी सेवा र युरोगाईनोकोलोजि सेवा प्रदान गर्दै आएको छ ।

निःसन्तान सेवा २०३९सालबाट सब-फर्टिलिटी क्लिनिकको रूपमा हप्तामा एक पटक ओ.पी.डी.सेवा सञ्चालन गरी सुरुवात गरिएको थियो । सब-फर्टिलिटी क्लिनिक सञ्चालन भएको २४ वर्षको लामो अन्तराल पछि २०६३ सालबाट यस अस्पतालले आ.यु.आइ. सेवा सञ्चालन गर्न सफल भयो । नेपालको सरकारी स्तरमा पहिलो निःसन्तान सेवा सुरु गरेको यस अस्पतालले आई.भि.फ. सेवा भने २०६८ सालबाट मात्र सुरुवात गर्न सफल भयो । आई.भि.फ. सेवा आफैमा विशिष्ट कृत सेवा भएको र यसका लागि चाहिने दक्ष चिकित्सक तथा जनशक्तिको अभावले गर्दा लामो अन्तराल पछि मात्र आई.भि.फ. सेवा सुरुवात भएको थियो । पुरानो जीर्ण संरचना भएको कारणले गर्दा २०७२ साल पछिको भूकम्प पश्चात् सेवा बन्द गर्नु पर्ने अवस्था आयो र २०७२ सालको भूकम्प पछि संरचनाको कारणले गर्दा बन्द भएको आई.भि.फ. सेवा २०७८ साल बाट पुन सञ्चालन मा आयो । सरकारी स्तर मा देश कै एक मात्र आई.भि.फ. सेवा लामो समय बन्द भएपछि निःसन्तान सम्बन्धी समस्या भएका सेवाग्राहीहरूले केही समय निकै समस्या झेलनु पर्यो । आई.भि.फ. सेवा आफैमा पनि महँगो सेवा भएको र कतिपय बिरामीहरूले महँगो शुल्क तिर्न नसकेकाले उपचार नगरी फर्कनु पर्ने बाध्यता भएको देखिन्छ ।

सरकारी स्तरमा देश कै पहिलो निःसन्तान सेवा सुरु गरेको यस अस्पताल प्रति नेपाल सरकार, स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयको ठुलो सहयोग रहेको छ । आगामी दिनहरूमा पनि यस अस्पताल लाई नेपाल सरकार तथा स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयको सहयोग निरन्तर रहनेछ भन्ने आशा लिएका छौ । निःसन्तान सेवा उपचारलाई लाई देश कै सर्वोत्कृष्ट र सर्वसुलभ बनाउनुको साथै देश का प्रादेशिक अस्पताल, सङ्घीय अस्पताल र दूर दराजका स्वास्थ्यकर्मी लाई निःसन्तान उपचार सम्बन्धी तालिम दिई जिल्ला अस्पतालका स्वास्थ्यकर्मीहरूलाई आधारभूत निःसन्तान उपचार गर्न सक्षम बनाउने साथै प्रादेशिक अस्पताल तथा सङ्घीय अस्पतालहरूका स्वास्थ्यकर्मीहरूलाई आ.यु.आइ. र आई.भि.फ सेवा उपलब्ध गराउन सक्षम बनाउने लक्ष्य राखिएको छ । यस सेवालाई अझै गुणस्तरीय र अन्तर्राष्ट्रिय स्तरको बनाउन नेपाल सरकार स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयको पनि अझै ठुलो सहयोग, सुझाव,समन्वय तथा सहकार्यको आवश्यकता देखिन्छ ।

नेपाल सरकार स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयको सबै सङ्घीय अस्पतालहरूमा निःसन्तान सेवा सुरुवात गर्ने लक्ष्य अनुरूप सबै प्रादेशिक अस्पतालहरूलाई परिवार कल्याण महाशाखाको सहयोग मा यस अस्पतालले निःसन्तान उपचारको ट्रेनिङ पनि दिदै आएको छ । आगामी वर्ष पनि यस अस्पतालले स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयको निर्देशन तथा परिवार कल्याण महाशाखाको सहयोग बाट निरन्तर रूपमा देशका विभिन्न सङ्घीय तथा प्रादेशिक अस्पतालहरूलाई निःसन्तान उपचार सम्बन्धी तालिम दिई कम्तीमा

पनि आई.यु.आई सेवा सुरुवात गरी भविष्यमा आई.सेवा भि.फ. सेवा पनि सुरुवात गर्न सक्ने बनाउने योजना बनाएको छ ।

यस अस्पतालले २०८१ साल ज्येष्ठ महिनाबाट सम्पूर्ण निःसन्तान सम्बन्धी उपचार कुपण्डोल स्थित भवनबाट दिन सुरु गरेको छ । हालै स्वास्थ्य सेवा विभागको सहयोगबाट नयाँ इक्सी मेशिन पनि प्राप्त भई यस मेशिनबाट सेवा सुरुवात पनि गरिसकिएको छ । आगामी दिनमा यस इक्सी सेवाले आई.भि.फ सेवा लाई थप गुणस्तरीय बनाउँछ भन्ने हामीले विश्वास लिएका छौ । हाल प्रति दिन निःसन्तान उपचार गर्न आउने बिरामीहरूको सङ्ख्या दैनिक ३०-४० जना र आई.यु. आई. सेवा लिन आउनेहरूको सङ्ख्या दैनिक ३ देखि ५ जना रहेको छ । आर्थिक वर्ष २०८०/८१ मा जम्मा निःसन्तान उपचार गर्न आउनेहरू को सङ्ख्या ९०११ जना, आई.यु.आई सेवा लिन आउनेहरूको सङ्ख्या २२२ जना र आई.भि.फ. सेवा लिनेहरूको सङ्ख्या २० जना थियो । आगामी दिनहरू मा यस सेवा लाई थप व्यवस्थित र गुणस्तरीय बनाई सेवाग्राहीहरूलाई प्रत्यक्षरूपमा सहजीकरण गरी लाभान्वित बनाउने योजना रहेको छ । सरकारी स्तरमा देश कै पहिलो तथा केन्द्रीय स्तरको यस आई. भि.फ. सेवा सेन्टरलाई जनताको पहिलो रोजाई को रूपमा विकास गर्ने लक्ष्य र विश्वास राखेका छौ । हालका दिनहरूमा निजी क्षेत्रहरूले महँगो शुल्क सहितको आ.ई.भि.एफ. सेवा प्रवाह गरी रहेको अवस्थामा आम सर्वसाधारणको हितलाई ध्यानमा राखी यस अस्पतालले प्रतिस्पर्धा सहितको सरल सहज तथा गुणस्तरीय आ.ई.भि.एफ. सेवा प्रवाहका हर सम्भव प्रयत्न जारी राख्ने प्रण गरेको छ ।

Health Care Waste System in Parpakar Maternity & Women's Hospital

Dr. Karishma Malla Vaidya, Co-ordinator
Bhawani Khadka, Supervisor
Hospital Waste Management



The waste produced in the course of health-care activities, from contaminated needles to other hazardous materials, carries a greater potential for causing infection and injury than any other type of waste, and inadequate or inappropriate management is likely to have serious public health consequences and deleterious effects on the environment.

Paropakar Maternity and Women's Hospital (PMWH) has started organized health care management system as a different department from the year 2072 BS. Before that hospital's waste were neither organized nor systematically managed. Health care waste in clean environment concept was not practice in the hospital.

In PMWH health care waste management center is started in collaboration of Government of Nepal/ ministry of health, HECAP, Health care without harm, WHO and Global Green and Healthy Hospital. Initially certain infrastructure for the waste management were developed, needed equipment's and materials were purchased and manpower was hired. All hospital health care workers from doctors, nurses and supporting staffs were oriented and trained about hospital waste management system. With the above team, hospital also started to earn money from the waste. Placental Pit was also constructed in the hospital, where in average 50 placenta daily are disposed, which is generating gases, however not in full phase.

Now in hospital all the infectious waste are treated before disposed. Most of it were disposed by sending to municipality and few to the vendor. Recycle

wastes are sold and food waste are given to poultry person. Hospital has its own health care waste management department run by six human resources and one supervisor, who manages waste generate in the hospital. Biosafety and biohazardous measures were followed by all staffs in the department. They are trained and vaccinated.

Beside this department has its own challenges and limitation. One of the major challenges is regular maintenance of equipment and infrastructures. Another is timely pick up of the waste by the vendor. However, department is trying its best to do their responsibility with utmost priority. Collecting the waste timely, segregating, treating, disposing and dispatching is the main services providing by the human resources dedicated to the department. Today department is not only trying its best to provide hospital waste in the system but also providing financial supports to the hospital.

HOSPITAL'S WASTE AUDIT FY 2080/81

Figure 1: Waste items 2080/081 (Paper)

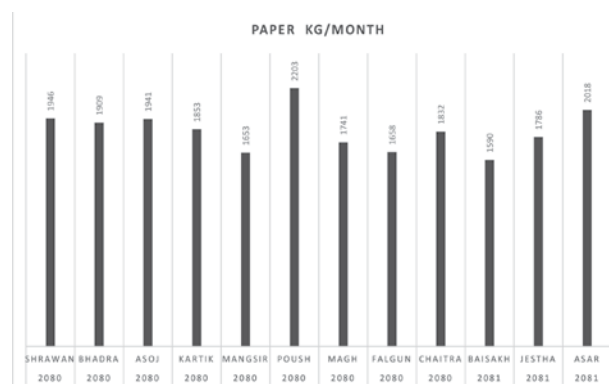


Figure 2: Waste items 2080/081 (Plastic)

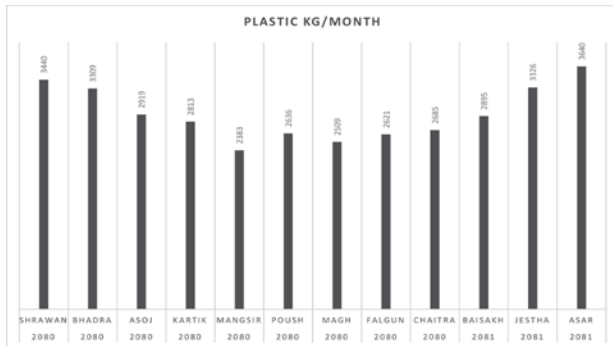


Figure 3: Waste items 2080/081 (Glasses)

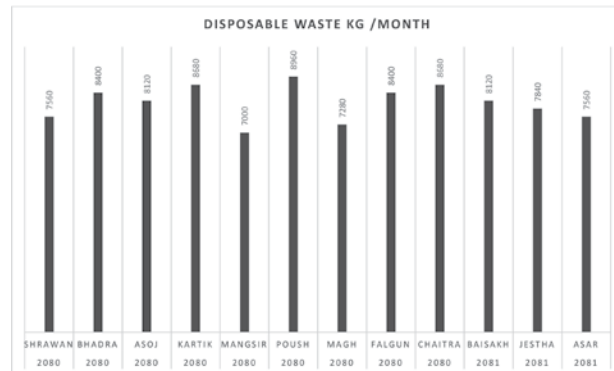


Figure 6: Waste Cost Recovery 2080/081

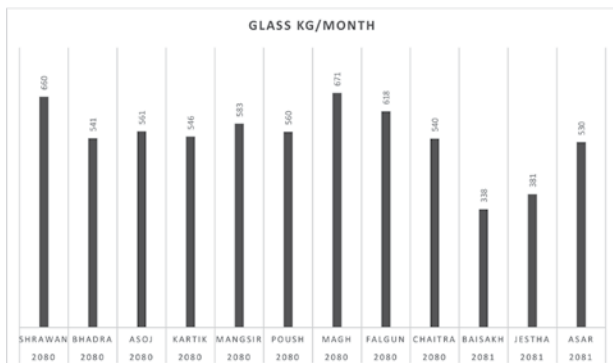


Figure 4: Waste items 2080/081 (Metal)

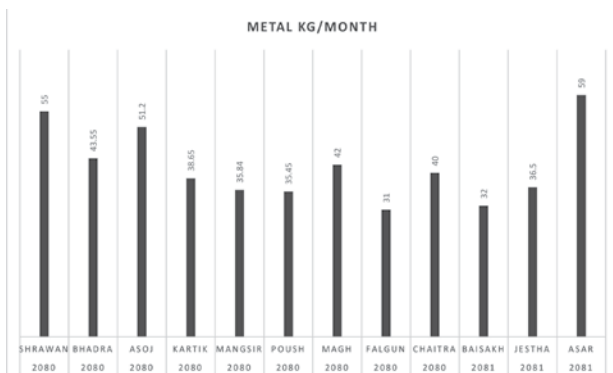
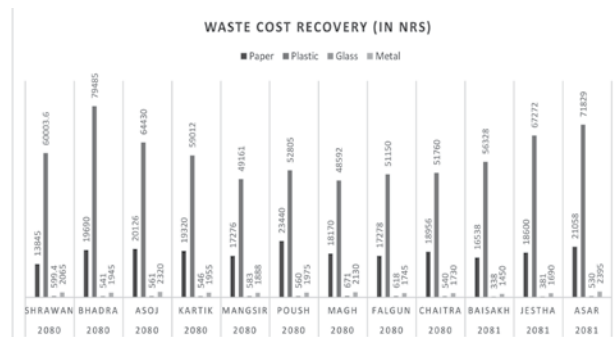


Figure 5: Waste items 2080/081 (Disposable Waste)

Glimpses of Department of SAS and Family Planning

**Sr. Consultant Dr. Shanti Shrestha,
Nursing Incharge Sagun Thapa**

Safe Abortion Service is a women centered care based aimed to provide safe abortion services that addresses the various aspects of women's health needs (both physical and emotional) and their personal circumstances along with their ability to access to the services. The care should be affordable, acceptable and accessible to the service seekers and it should be linked with other Reproductive Health Services.

Why Safe Abortion Services is needed?

Global impact data (WHO data 1995-2008) shows that, abortion is one of the most common obstetric events.

Worldwide, approximately 47,000 pregnancy related deaths are due to complications of unsafe abortion, which is 13% of all maternal deaths.

Similarly, before the legalization of abortion in Nepal, over 50% of hospital deaths were due to unsafe abortion and 54% of Obstetrics/Gynecology admissions in the hospital were due to abortion complications.

The Nepal Maternal Mortality and Morbidity Study (2006/2007) indicated that 7% of the Maternal deaths were due to complications of unsafe abortion, which remains the third leading cause of maternal deaths in Nepal.

Government of Nepal (GON) is committed to achieve the Sustainable Development Goals (SDG) of reducing maternal mortality ratio (MMR) to less than 70 per 100000 live births by the end of 2030, and to meet this goal we need to decrease the unsafe abortion prevailing in the country which is also one of the contributing factors for the maternal mortality rate.

Global evidence shows that Maternal Mortality and Morbidity due to unsafe abortion can be prevented through provision of emergency treatment of complications, prevention of unintended pregnancy

using contraception and comprehensive sexuality education.

Following the abortion legalization in 2002 by GON, MOHP approved Nepal's safe abortion policy. The Safe Abortion Service in Nepal was first started in PMWH in 2004.

Since then, PMWH has been continuously providing safe abortion including Post-Abortion Contraceptive Services at a low cost to the clients, and this service was started in a free of cost basis from 2073 B.S.

A large number of women have obtained safe abortion services during the implementation of this service for more than 10 years, and a large number have benefitted by taking services for complicated cases related to this.

PMWH is heralded as a model hospital for the successful implementation and rapid scale-up of safe abortion services it provided related to the number of Maternal Mortality and Morbidity attributed to unsafe abortions.

In PMWH, Family Planning (F/P) services were started in modest scale in 2021. Now the modern methods of F/P services currently provided in PMWH are female and male permanent sterilization and temporary methods as IUCD, Implant, Inj. Depo, OCP and Condoms.

PMWH is not only a tertiary hospital for Maternal and Newborn care services, but is also a pioneer training center that provides all the trainings related to reproductive health. So, department of SAS and F/P has been conducting abortion and F/P related in-services and pre-services trainings programs as well.

SAS and F/P department is currently shifted in PMWH, Kupondole since 16th of Asar 2081 and services have also been started.

It is a golden opportunity for the clients to get all the facilities of SAS and F/P services in the same

building, (eg; Counter, USG, Lab tests etc.). It makes the services more affordable, acceptable, accessible and also maintains confidentiality and privacy of the clients.

Strengths:

- ✓ Provides Women's Centered Safe abortion and F/P services.
- ✓ Provides services for six days a week, from 9am-4pm.
- ✓ Provides all facilities for the services in one door example; Counter, USG, lab test, SAS and F/P services.
- ✓ Conducts abortion and F/P related pre-service and in-service training programs.
- ✓ Referral center for other health centers.

Annual report of SAS and F/P 2080/81

Table No.1 Safe Abortion Services		
S No.	Description	F/Y 2080/81
1.	MA	1045

2.	MVA	495
3.	MI	296
4.	D&E	10
5.	PAC	75
	Total	1921

Table No.2 Post Abortion Contraception

Long acting	269
Short acting	893
Total	1162

Table No.3 Family Planning Services

S No.	Description		F/Y 2080/81
1	Minilap		23
2	NSV		88
3	Implant	Insertion	1144
		Removal	1226
4	IUCD	Insertion	495
		Removal	518
5	Depo		341
6	OCP		334
7	Condom		463
	Total F/P Service		4632

Initiation of Continue Professional Development Programme

**Indira Dhungel
Laxmi Rijal
Sabitri Dahal**

Paropakar Maternity and Women's Hospital (PMWH) was established in 2016 BS with initial capacity of 40 maternity beds. Currently, the hospital has indoor department with 415 beds including 336 indoor admission beds and 79 service beds. 33739 women are admitted annually in the hospital in this fiscal year. There is also a big flow of patients in OPD. The hospital is evolving over the years and expanding its services. 22379 deliveries took place this fiscal year. To meet the demands of the country, it has upgraded itself in the aspects of Maternal and Neonatal health, Sub-fertility service, Uro-gynaecology services and Gynae-oncology services. Furthermore, this hospital also offers facilities related to adolescence health, Internal Medicine Service, Mental Health Integration into Pregnant Women's Health, as well as all the components of Reproductive Health (RH). This hospital has been conducting various trainings at different levels by its skilled and experienced human resource and is considered to be a training centre for national and international courses.

Furthermore, this hospital has also started academic program in nursing (Bachelors in Midwifery Nursing and Bachelors in Science: Nursing) and Master

Degree in Gynaecology and Fellowships in different programmes. The hospital has a motto of promoting its human resource in all aspects, therefore every year the hospital has been conducting different skill based trainings such as Continue Professional Development (CPD). For example, CPD about Mental Health Integration into Pregnant Women's Health for all Nursing Staff and Doctors (SHO, Senior Registrar, Consultant, and Senior Consultant), IPC, Waste management for whole site (Ward Attendants and Cleaners).

Maintaining competence in the medical profession is no easy matter. The knowledge and skills learned during basic training decline with the each passing year. This happens even more rapidly for practitioners located at different units of the hospital in due course of time. This hospital has stated in-house CPD activities from 2076-08-09. Because of COVID-19 this program had been postponed for a while. However, it is observed to be running smoothly at present. The following table shows subjects which have been cover under CPD program from 2076.8.9 till date running smoothly followed by number of participants.

S.N.	Name of activities	Name of Facilitator	No. of Participants
1.	Basic Care	Asha Laxmi Prajapati	83
2.	Infection Prevention (IP)	Asha Laxmi Prajapati	33
3.	One Step Management Centre (OCMC)	Suku Lama	38
4.	Gender Based Violence (GBV)	Suku Lama	70
5.	Intra-Uterine Insemination (IUI)	Radha Shakya	47
6.	In Vitro Fertilization	Gayatri Subedi	49
7.	Orientation Of Safe Abortion Service (SAS) and Family Planning (FP)	Jayanti Chhantyal	43

S.N.	Name of activities	Name of Facilitator	No. of Participants
8.	Introduction of ANC/ Gynae/ Immunization OPD	Subhadra Pyakurel	44
9.	Partograph	Lalita Shrestha	34
10.	Partograph	Champa Maharjan	30
11.	Glucose Tolerance Test	Dr. Karishma Vaidya Malla	66
12.	Breast Feeding	Laxmishwori Prajapati	33
13.	PMTCT	Dr. Sushil Shakya	101
14.	Human Immunodeficiency Virus	Nabina Maharjan	43
15.	GESI and RMC	Jayanti Chhantyal	20
16.	Kangaroo Mother Care	Indira Dhungel	20
17.	Introduction Of PMWH	Asha Laxmi Prajapati	75
18.	Breast Feeding and Management	Nani Maiya Kaway	33
19.	Technical Management of Operation Theatre	Hajirman Rai	21
20.	Post-Operative Care	Amala Maharjan	59
21.	Post-Natal Care	Laxmi Rijal	26
22.	Shoulder Dystocia	Sabitri Dahal	56
23.	CLMC Orientation	Smriti Poudel	25
24.	Care during Second Stage of Labour	Bedika Pokhrel	31
25.	Essential Care of Patient in ICU	Prajita Sankhadev	29
26.	One Step Crisis Management Centre	Suku Lama	27
27.	Nursing Role and Responsibility on Medical Induction of Second Trimester Abortion	Sagun Thapa	63
28.	AMTSL (Active Management of Second Stage of Labour)	Rama Manandhar	47
29.	Adolescence Sexual and Reproductive Health	Leena Maharjan	25
30.	Respectful Maternity Care	Lalita Shrestha	24
31.	Blood Donor and Blood Transfusion Management System	Parsuram Dahal	35
32.	Infection Prevention	Asha Laxmi Prajapati	199 (W.A.)
33.	Vaginal Bleeding in Late Pregnancy	Ramita Manandhar	40
34.	Introduction to Sub-fertility	Sukriti Khadka	28
35.	New-born Care for Pre-term baby	Laxmishwori Prajapati	47
36.	Promoting Delay Cord Clamping	Prasansa Budha	32
37.	Labour Analgesia	Shrijana Bhattarai	22
38.	Minor Disorder of Breast and its Management	Ramita Maharjan	29
39.	Intra-natal Care	Bina Siwa(BMS Student)	38
40.	Birth Position	Goma Karki (BMS Student)	45
41.	Robson's Classification	Rajani Malla (BMS Student)	49
42.	Prevention of Childbirth related to Perineal Trauma	Mina, Melina (BMS Student)	35
43.	Discussion of Hospital Management	Asha Laxmi Prajapati	72 (W. A.)

S.N.	Name of activities	Name of Facilitator	No. of Participants
44.	Abortion	Jayanti Chhantyal	25
45.	Introduction of CLMC	Poonam Maharjan	30
46.	Safe Motherhood and Reproductive Health Right Act 2018 (2075)	Nani Maiya Kaway	37
47.	Orientation of Infection Prevention Guidelines	Asha Laxmi Prajapati	35
48.	Adolescence Care	Indira Dhungel	28
49.	Young Woman and Abortion Care	Jayanti Chhantyal	40
50.	Breast Feeding	Smriti Poudel	52
51.	Severe Pre-Eclampsia	Mithu Basnet	30
52.	Induction and Augmentation	Bishnu Kumari Gurung	28
53.	POCQI	Laxmiswori Prajapati	34
54.	Hospital Orientation and Communication	Asha Laxmi Prajapati	49 (W. A.)
55.	Communication	Pabitra Basnet	29
56.	Hospital Acquainted Infection	Asha Laxmi Prajapati	31
57.	Hypothermia of New-born Baby	Shobha Adhikari	24
58.	Infection Prevention	Laxmi Rijal	21
59.	Shock Management	Jayanti Chhantyal	20
60.	ANC to PNC Continuum Care	Bishnu Kumari Gurung	20
61.	PMTCT	Champa Maharjan	24
62.	NASG (Non-pneumatic Anti-shock Garment)	Sandhya, Sarjina	33
63.	Hospital Orientation + Discipline	Indira Dhungel, Laxmi Rijal	46
64.	Waste Management	HECAF	250 (WA)
65.	Breast Feeding	Laxmiswori Prajapati	48
66.	Mental Health Integration into Pregnant Women's Health	FWD, Mental Hospital Team	250

The above-mentioned activities were conducted one hour in a rotation basis to all nursing staffs of the hospital once a week. The training was conducted according to the need based after interacting among the staffs. The topics were very relevant and important in the nursing care and management. The management of the hospital provided the logistic support and encouraged for its continuity. During the interaction all the management staffs and participants appreciated for its value and norms. All together 3150 staffs were benefitted CPD interaction program. This program has really helped to recall

previous academic skill, knowledge and attitude, which provides quality service, resulting in client satisfaction. It has updated new issues for nursing care management skills. We plan to invite prominent speakers for the evolving topics such as Mental Health Integration into Pregnant Women's Health, supported by Family Welfare Division as well as Mental Hospital team to provide CME to whole site Staff Nurses at PMWH. Therefore, such program needs to be continued in days to come. We are smoothly running the CPD program as of now,

Paropakar Nursing Campus: at a Glance



Ms. Nani Maiya Kaway

Paropakar Maternity and Women's Hospital is government-owned tertiary level hospital renowned for promoting maternal health and providing quality delivery services in particular. The hospital also runs a nursing college named — Paropakar Nursing Campus (PNC). Established on 12th December 2016, the campus had Proficiency Certificate Level Program in Nursing till 2022, and then has started Bachelor in Midwifery Science and Bachelor in Science in Nursing (BSc Nursing) Program, the extension programs of the National Academy of Medical Sciences (NAMS), from August 2022. The college has its own newly constructed academic building and is located at the territory of Paropakar Maternity and Women's Hospital. The hospital is situated at Thapathali, Kathmandu on the northern bank of Bagmati River and the college building on the southern bank at Kupondol, Lalitpur-10. It has fully equipped classroom and skill labs as per minimum requirement set by Nepal Nursing council. It has newly constructed building at the premises of college at Kupondol with capacity of accommodation of 120 students.

Currently, we have three batches of bachelor in midwifery science with 20, 12 and 13 students in first, second, and third batch respectively and one batch of B Sc Nursing programme with 20 students. The notice for an entrance examination has already been published in a national daily newspaper by Medical Education Commission for the upcoming batches of BMS and BSc Nursing. There are total of 20 seats in each batch, among which 15 seats are allocated for Scholarship and 5 seats are allocated for paying quota. The

campus provides nursing and midwifery education to students with comprehensive knowledge and skills through evidenced based teaching and learning experiences.

The campus helps students develop practical skills through sufficient learning experience. Given the advancement of information and technology, students are well equipped with IT skills to enrich their capability. This campus develops the leadership capabilities of students through excellent theoretical and practical learning experience ensuring the quality of service delivery. There has been growing emphasis on research as well. PNC focuses on



empowering students to conduct basic nursing and midwifery research, thereby improving the quality of care.

Focusing on students' needs, arrangements have been made for observation visits to Nepal Children's Organization (Bal Mandir), Community Based Rehabilitation Organization, Kathmandu

Metropolitan City, Aasara Drug Rehabilitation Centre, Pashupati Briddhaashram, Dairy Development Corporation, and Kathmandu Upatyaka Khanepani Limited. The areas of clinical placements PNC has are Bir Hospital, National Trauma Center, Paropakar Maternity and Women's Hospital, Kanti Children Hospital, Mental Hospital Lagankhel, Nepal Eye Hospital Tripureswor, Bajrabarahi Chapagaun Hospital Chapagaun, Dakshinkali Municipality and Chanlakhel Nagar Hospital.

As the incumbent campus chief, I can vouch from my experience that PNC provides students with an opportunity to grow in a culturally diverse environment. Given PNC's rich past and promising future going ahead, the institution is contributing

towards human resource development in Nepal by producing competent middle level health personnel that the country needs in a new structure from the federal to local level. In a sensitive sector like health, having quality education is a gateway to delivering quality services. The quality human resource produced by PNC has been an important contribution to the country's health sector.

PNC also has a plan to run PCL midwifery programme for which all the necessary preparations have been completed including infrastructure, human resources and is awaiting approval from CTEVT. As PNC charts its future course, sustainability is always an issue.

(The writer is Campus Chief at PNC)

MOTHER BABY FRIENDLY HOSPITAL



*This is certify that Paropakar Maternity and Women's Hospital has been declared
Baby Friendly 1995*



Dr. Simin F. Irani
International Assessor

Unicef



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय

Jayam

Dr. S. Jayam
International Assessor

Developmentally Supportive Care in NICU

Laxmiswori Prajapati

NICU Incharge

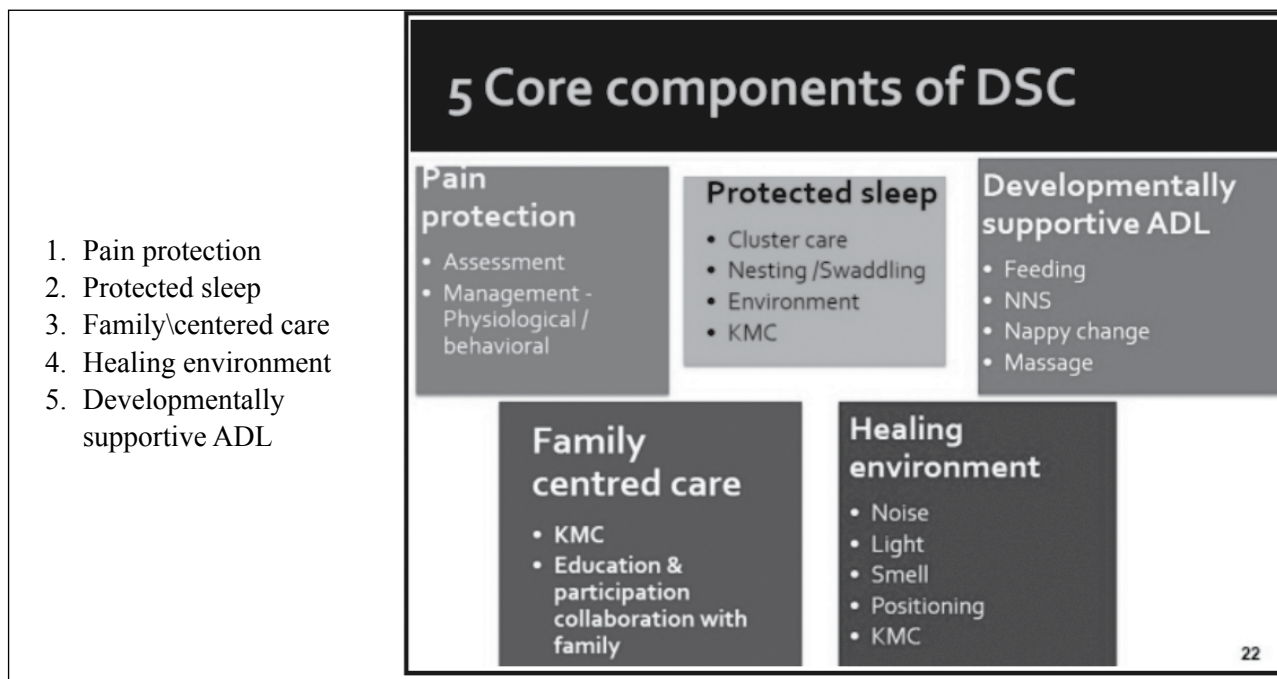
Developmentally supportive care is defined as the care of infant to support positive growth and development, while allowing stabilization of physiologic and behavioral functioning. DSC is continuous process and it starts with the birth of the infant. The infants are unique and display wide variety of behaviors. DSC has to be individualized for the infant.

This artificial and over stimulating world of bright lights, loud sounds, unpleasant and painful touch, noxious smell and taste disorganizes these vulnerable babies at a time which is critical for brain development, both in terms of its structure as well as

its functioning abilities.

Modifications and adaptations made in the NICU help balance the needs of giving the preterm and critically ill babies. The highly specialized medical care necessary for their survival while protecting them from the challenges of the new environment. This has led to the emergence of developmentally supportive care (DSC) of the babies in the NICU. One should create a structured environment as similar as possible to that of the womb that provides care and support to these babies, helping them to organize their state of mind, reduce negative impact and develop appropriately for better outcomes.

There are 5 core components of DSC



1. Protection from pain: Assessment, Management of physiological and behavioral pain

A Newborns including a preterm/critically ill infant feel, responds to and remembers pain. They express pain with various behavioral and

physiological indicators. So prevent /minimize the pain if possible, prevention of pain is more important than treatment of pain.

Over stimulation increase pain, Pain can reduce by various interventions- changing positions, providing nesting, swaddling, facilitated tuck,

massage reduces pain and stress then helps to weight gain.

Stimulate the neonatal sensory system- Tactile, vestibular, gustatory, olfactory, auditory visual stimulation. Stimulation of early maturing senses has influence on late maturing senses. Ultimately stimulation within this sequence disrupts normal maturation

DSC reduces stress so providing structured care environment with support encourages and guides the developmental organization of the premature/ critically ill infant.

2. Protected sleep- cluster care, nesting/ swaddling, calm environment, provide kangaroo mother care (KMC) :

Long duration of undisturbed sleep is essential for the development and maturation of the infant's brain. Modifying the environment and infant's cue-based care facilitate undisturbed sleep.

3. Family-centered care: KMC, education and participation, collaboration with family:

Family-centered care (FCC) in NICU is an approach to promoting parental participation in the planning and delivery of care of their infant. It is based on the principles of information sharing, respect and honoring differences, partnership and collaboration between the family and health care team. FCC enhance parent-infant attachment bonding and improve breastfeeding rate as well wellbeing of preterm infants and decrease length of hospital stay.

The baby birth is happy moment for most families. Where mother infant in constant close physical proximity with skin to skin contact, Attachment and breastfeeding support helps to growth and development of newborn. In neurodevelopment process involved the maturation of brain in newborn infant influence by mother infant and parent infant relationship.

Admission of a sick or preterm baby in NICU

is stressful, unnatural and extremely emotional. Parent-infant separation, the physical environment with alarms, bright noises, monitoring equipment, medical terminology and interventions and the feelings of uncertainty and lack of control over what their baby is experiencing can all contribute to a poor experience around childbirth. It is also critical to meet their physiological and developmental needs. The Integrative Developmental Care Model combines evidence-based best practices with core measures, and is one tool we can use to guide efforts to facilitate the physiological and developmental needs of each newborn.

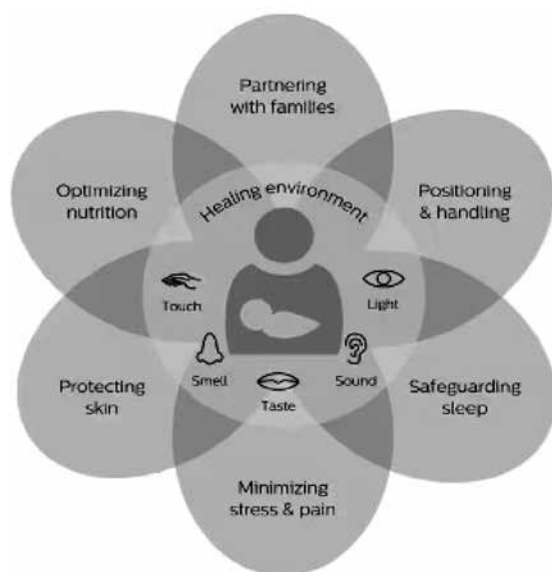
The parent-infant separation itself can be traumatic. Medical care of the infant is often prioritized, and the NICU environment can be an obstacle for parental presence and participation. It is, therefore, up to individual NICUs to promote a positive environment for families to help the parents to understand the behavior and the needs of their infant and encourage them to participate in the care of their baby.

1. Healing environment Noise, Light, Smell, Positioning, KMC:

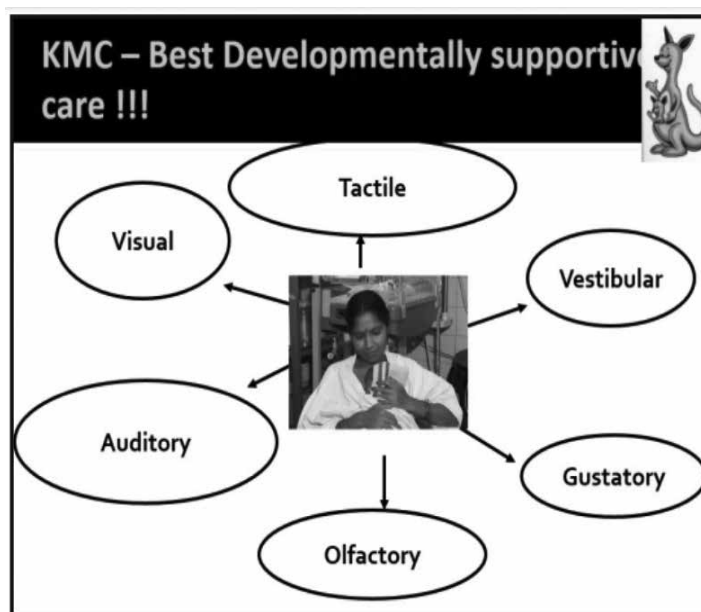
An environment that supports the infant's appropriate growth and development while minimizing their pain and stress caused by continuous exposure to unwanted and harsh stimuli during their NICU stay.

2. Developmentally supportive Activities of Daily Living- Feeding, NNS, Nappy change, massage

Activities of Daily Living: These are care-giving activities that are important for the infant's growth, development, hygiene and general well-being. The activities include dressing and undressing, diaper change, sponging, massage, skin care, and feeding. Involving and encouraging parents and extended family members to actively participate during care giving activities fosters bonding between them and their infant.



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Non-nutritive sucking (NNS) refers to the sucking opportunities provided to the infants in form of sucking own fingers, mother's finger, gauze dipped in mother's milk or even mother's breast. The NNS helps the infant to self-regulate, stay calm and organize self during painful medical and other stressful situations in the NICU.

In developmental supportive care (DSC), positioning is the most important strategy that affects physiological stability and reduces stress. Optimum positioning improves sleep, reduces pain, decreases apnea/desaturation episodes, improves thermal regulation, skin integrity and neurobehavioral organization.

Several studies showed beneficial effects of supportive positioning: reduction in musculoskeletal abnormalities and better neuromotor outcomes. Frequent position changes with the use of 'nesting' or 'conformational positioner' have shown to improve the postural regulation with maintenance of optimum position

PMWH is tertiary level maternal and newborn hospital where annually 24915 (2078/2079) deliveries among them around 1200 (2078/2079) babies admitted in NICU/SNCU/KMC. We are practicing cloth rolling nesting to preterm babies

to provide comfort as mother's womb, frequently changing positions, bath and massage daily improves developmentally supportive care practices to babies in the NICU/SNCU.

The newborn beds are expanded up to 40 beds in new building but not sufficient for the hospital delivered babies. Some critical babies have to be referred in other hospital for unavailability of bed and limited manpower. Preterm low birth weight babies are admitted for a long time in NICU we are practicing Developmentally supportive care to them to some extent but mothers participation is challenging in our setting but we are planning to FCC in our setting. The challenges are the nursing manpower, space between the beds, training to the new staffs.

DSC at our setting

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आमा सुरक्षा कार्यक्रम:- नीतिगत व्यवस्था तथा सेवा प्रवाहको अवस्था

दुण्डीराज दाहाल

यस अस्पतालको स्थापनाको ६५ औं दिवस मनाई रहेको स-अवसरमा अस्पतालको समृद्धिको कामना गर्दछु। अस्पतालको ६५ बर्से यात्रामा आर्थिक व्यवस्थापनको महत्वपूर्ण पक्षको हामीले सदैव स्मरण गर्नुपर्दछ। अस्पतालको आर्थिक व्यवस्थापन अन्तर्गत आमा सुरक्षा कार्यक्रम सबैभन्दा महत्वपूर्ण पक्षमा रहेको छ। नेपालको संविधान को धारा ३५ मा स्वास्थ्य सम्बन्धी हक र धारा ३८ को उपधारा २ मा प्रजनन स्वास्थ्य सम्बन्धी हकको व्यवस्था गरिएको छ जसबाट स्वस्थ वच्चा जन्माउन पाउनु हरेक महिलाको लागी संवैधानिक अधिकार कायम भएको छ।

नेपाल सरकारले सन् २००० को सहश्राव्दी विकास सम्मेलनमा जनाएको प्रतिबद्धता अनुसार सन् २०३० सम्ममा मातृ दर लाई ७० प्रति १००००० जीवित जन्ममा र नवजात शिशु मृत्युदर लाई १२ प्रति १००० जीवित जन्ममा पुराएर दिगो विकास लक्ष्य प्राप्त गर्ने उद्देश्य राखिएको छ। त्यस्तै सुरक्षित मातृ तथा प्रजनन स्वास्थ्य अधिकार ऐन २०७५ तथा जनस्वास्थ्य सेवा ऐन २०७५ ले प्रजनन स्वास्थ्य तथा सुरक्षित मातृत्व र नवजात शिशु स्वास्थ्य लाई आधारभूत स्वास्थ्य सेवाको रूपमा लिई हरेक नागरिकलाई निःशुल्क रूपमा सेवा पुर्‍याउने लक्ष्य लिएको छ। सो लक्ष्य हासिल गर्न नेपाल सरकार स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयबाट आमा तथा नवजात शिशु सुरक्षा कार्यक्रम निर्देशिका २०७८ जारी गरी आमा तथा नवजात शिशुहरूको लागि निःशुल्क गर्भवति जाच, प्रसूति तथा उपचार सेवा लाई प्रभावकारी व्यवस्थापन सुनिश्चित गरिएको छ। यसबाट संस्थागत तथा गुणस्तरीय प्रसूति सेवा तथा शिशु उपचार सेवाको उपयोगमा वृद्धि ल्याई मातृ तथा शिशु मृत्युदरमा कमी ल्याउनु मुख्य उद्देश्य राखिएको छ।

आमा सुरक्षा तथा नवजात शिशु उपचार अन्तर्गत सेवाग्राहीले पाउने सुविधा

१. स्वास्थ्य संस्थाबाट प्रदान गरिने सुरक्षित प्रसूति सेवा

(सामान्य, जटिलतायुक्त र शल्यक्रिया द्वारा गरिने प्रसूति सेवा) पूर्णरूपमा निशुल्क उपलब्ध हुन्छ।

२. प्रसूति सेवा प्राप्त गर्ने महिलालाई यातायात खर्च नगर्दै प्रदान हुनेछ।
३. नवजात शिशु जन्मे देखि २८ दिन सम्म निशुल्क उपचार प्राप्त हुनेछ।

यस अस्पतालमा उपलब्ध सेवाहरू मध्ये सबैभन्दा ठुलो महत्वपूर्ण तथा धेरै भन्दा धेरै महिलाहरूले पाउने सेवाको रूपमा आमा सुरक्षा कार्यक्रम रहेको छ आमा सुरक्षा कार्यक्रमका दृष्टिले यो अस्पताल केन्द्रीय रिफरल अस्पतालको रूपमा रहेको छ। आमा सुरक्षा कार्यक्रम अन्तर्गत प्रति प्रसूति सेवा उपलब्ध गराए बापत नेपाल सरकारबाट सामान्य प्रसूति सेव (Normal Delivery) रु २५००/- जटिलतायुक्त प्रसूति सेवा Complicated Delivery) रु ४०००/- तथा शल्यक्रिया विधिद्वारा प्रसूति सेवा (Caeserial Section) रु १००००/- इकाई मूल्य बापत अस्पताललाई प्राप्त हुन्छ। उक्त रकम वाटै प्रसूति सेवा लिन आउने आमाको भर्ना देखी डिस्चार्जसम्म लाग्ने औषधि लगायत सबै उपचार शुल्क अस्पतालले निःशुल्क रूपमा उपलब्ध गराउने व्यवस्था रहेको छ। यस अस्पतालमा आमा सुरक्षा कार्यक्रम अन्तर्गत सेवा लिन आउने आमाहरू को सङ्ख्या उल्लेख्य रहेको छ। आमा सुरक्षा कार्यक्रम अन्तर्गत आ.व. २०७७/७८ मा २२०१४ जना आ.व. २०७८/७९ मा २४३६९ जना ब.व. २०७९/८० मा २४६७२ जना र आ.व. २०८०/०८१ मा २२३७९ जनाले डेलिभरी सेवा लिएको देखिन्छ। त्यस्तै सेवा प्रकृतिको आधारमा उपलब्ध गराइएको डेलिभरी सेवालाई तथ्याङ्कगत रूपमा विश्लेषण गर्दा निम्न बमोजिम देखिएको छ।

प्रसुति सेवा:- आ.व.२०७८/०७९

सि.नं.	महिना	सामान्य प्रसुति सेवा (Normal Delivery)	जटिलटायुक्त प्रसुति सेवा (Complicated Delivery)	शल्यक्रिया प्रसुति सेवा (Ceaserial Section)
१	श्रावण	११२५	४९	६५५
२	भदौ	१११५	८७	५६०
३	असोज	१३१९	५८	५७९
४	कार्तिक	१२२०	७७	६३२
५	मंसिर	१३७६	९१	७२२
६	पौष	११८९	८५	६४०
७	माघ	११२९	४६	६८५
८	फाल्गुण	८९०	७०	६३६
९	चैत्र	९२२	६९	६२७
१०	बैशाख	८२७	८१	६२१
११	जेठ	७५९	५१	५७४
१२	असार	८२६	४४	५५४
	जम्मा	१२६९७	८०८	७४८५

प्रसुति सेवा:- आ.व.२०७८/०७९

सि.नं.	महिना	सामान्य प्रसुति सेवा (Normal Delivery)	जटिलटायुक्त प्रसुति सेवा (Complicated Delivery)	शल्यक्रिया प्रसुति सेवा (Ceaserial Section)
१	श्रावण	११०४	२५२	७६३
२	भदौ	११४४	३०८	७९८
३	असोज	१२००	३०४	६८१
४	कार्तिक	१०७४	२९२	७३७
५	मंसिर	१०५४	२६३	७८८
६	पौष	१०१९	२४८	८३७
७	माघ	९६३	२४४	७६६
८	फाल्गुण	१०३७	२१६	७८४
९	चैत्र	९१४	२०१	७५२
१०	बैशाख	८६१	१७६	८०७
११	जेठ	९३८	१७०	७७१
१२	असार	९७२	१८४	७२६
	जम्मा	१२२८०	२५५८	९२१०

प्रसूति सेवा:- आ.व.२०७८/०७९

सि.नं.	महिना	सामान्य प्रसूति सेवा (Normal Delivery)	जटिलटायुक्त प्रसूति सेवा (Complicated Delivery)	शल्यक्रिया प्रसूति सेवा (Ceaserial Section)
१	श्रावण	१११५	१९८	७८८
२	भदौ	११२१	२३७	८२९
३	असोज	९८१	२४०	८४७
४	कार्तिक	९३६	२३५	८७५
५	मंसिर	१०४१	१८५	८२७
६	पौष	८७०	१८७	७१८
७	माघ	८०७	१९९	७९६
८	फाल्गुण	८४१	१८०	७५६
९	चैत्र	६९७	१६०	६४७
१०	बैशाख	५९९	१५१	६३९
११	जेठ	७५६	२०७	६९८
१२	असार	७२६	२०३	७२३
	जम्मा	१०४९०	२३८२	९१४३

उल्लेखित तथ्यांक अनुसार ३ वर्षको अवधिमा प्रसूति सेवा लिन आउने मध्ये सामान्य प्रसूति सेवा (Normal Delivery) सेवा ३५४६७ जनाले त्यस्तै जटिलटायुक्त प्रसूति सेवा (Complicated Delivery) सेवा ५७४८ जनाले र शल्यक्रिया प्रसूति सेवा (Ceaserial Section) २५८३८ जनाले लिएको देखिन्छ। यस बाट प्रसूति सेवा लिन आउने आमाहरूले यस अस्पतालबाट प्रत्यक्ष लाभ लिएको प्रस्ट हुन्छ। यस अतिरिक्त प्रसूति सेवा लिने आमाहरूलाई यातायात खर्च बापत प्रथम पटक भएमा रु २०००।- र चार पटक गर्भवती जाँच समेत भएमा रु

२८००।- उपलब्ध गराउने व्यवस्थाले प्रसूति सेवा अस्पतालमा लिन जाने गरी प्रोत्साहित गरेको छ। हाल खुल्ला बजार नीति अन्तर्गत खुलेका निजी अस्पताल क्लिनिकहरूमा चर्को मूल्यमा उपचार गर्नुपर्ने अवस्था रहेको छ। निजी अस्पतालहरूको तुलनामा पुर्णरूपमा निःशुल्क प्रसूति सेवा उपलब्ध गराएर राज्यले नागरिकहरू प्रति पुरा गर्नु पर्ने दायित्व वहन गरेको यस परोपकार प्रसूति तथा स्त्री रोग अस्पतालले आमा सुरक्षा कार्यक्रम अन्तर्गत पुर्णरूपमा निःशुल्क सेवा गुणस्तरीय रूपमा उपलब्ध गराई पूर्ण जिम्मेवारी वहन गरेको छ।

Postpartum Intra Uterine Contraceptive Device service at Paropakar Maternity and Women's Hospital

Jayanti Chhantyal
Senior Hospital Nursing Supervisor

Paropakar Maternity and Women's Hospital (PMWH), the first and largest maternity hospital was established in 2016 B.S. (1959 A.D). This is the central maternity and women's hospital serving people from all over Nepal. As a central hospital for clinical, academic, and training responsibility, PMWH prioritizes good quality maternal, neonatal, and gynecological services by well-trained doctors, nurses, and medical staff. Different programs of the Ministry of Health and Population are introduced, run, and applied through PMWH. To bear this prime responsibility of different strata of services PMWH itself should be healthy, strong, and well-managed in terms of administrative, financial, clinical, academic, and research activities.

Given, the national statistics on family planning and the fact that the postpartum period is an important time when women return to sexual activity, marks the return to fertility. A comprehensive family planning program that ensures choice, easy accessibility to a variety of methods available to women is that we need to think the plan. To make this happen the rise in institutional deliveries due to the **Aama Surakshya Karyakram** scheme under Safe Mother programme is bringing millions of women to be delivered at facilities. These opportunities can help women to have access to Post Partum Family planning counseling and choose method. Integrating family planning services into Antenatal, admission in early labor, postnatal, newborn care, and immunization is a need. This is a time for renewed efforts to revitalize postpartum family planning and PPIUCD. Postpartum IUCD specially offers increased synergy with evidence-based practices such as active management of the third stage of labor, and emergency obstetric, and newborn care. There are many advantages that IUCD offers women in the postpartum, immediate or extended period as a convenience, and long-term protection

immediately effective once inserted. No interference with sexual relations reduced side effects no effect on breastfeeding

Before providing PPIUCD service at this hospital, the PPIUCD Training Package was developed in 2010 in collaboration with NHTC and PSI Nepal the latter being an NGO working in the health sector. Under the program first in its history three doctors and four nursing staff were trained as Master Trainers. In 2011 this hospital launched the PPIUCD service as well as training related to it. The basic PPIUCD training consisted of three days in which doctors and nursing staff were included. In 2015 as the SBA training package was being revised the subject PPIUCD was also revised and PPIUCD replaced basic IUCD and it was also incorporated into the ASBA training. PPIUCD syllables is included in ASBA and SBA Training package and actively promoted. In the fiscal year 2080/081 the PPIUCD training was run for three days in which two batches of participants were provided related training. A total of 259 cases of PPIUCD insertion were done within this fiscal year.

Pre-insertion screening and assessment

- Prolonged ruptured membrane not more than 18 hours
- Conformed about chorioamnionitis
- Unresolved postpartum hemorrhage Insertion time of PPIUCD
- Post placental insertion within 10 minutes after placenta expulsion following a vaginal delivery
- Postpartum within 48 hours after delivery
- Trans-Caesarian Insertion that takes place

during a caesarian delivery after removal of the placenta and before closer of the uterine incision

In conclusion, PPIUCD is a long-term contraceptive method prevalent in worldwide practice. Therefore, we must provide this service in all maternity-related institutions of Nepal as such birthing centers, health

posts, and even in the federal hospitals for which we must provide appropriate training to the people who are involved in and work at such facilities. To make the PPIUCD a fruitful program in the nation counseling should be provided in all health institutions' antenatal (ANC) units. PPIUCD is a useful program to render good improvement in women's health.

PAROPAKAR MATERNITY AND WOMEN'S HOSPITAL

Thapathali, Kathmandu

**LET US ALL ENCOURAGE SAFE
HOSPITAL DELIVERY & AVOID
UNSAFE HOME DELIVERY**



Words from Head of Department, Department of Neonatology and CLMC Manager

“The progress we have made in the past year at Comprehensive Lactation Management Center (CLMC) is truly remarkable with countless newborns benefiting from the availability of donor human milk. The success of the CLMC has allowed us to nearly eliminate formula feeding within the newborn unit. For many infants who did not have

access to their mother's milk, this resource has been a lifeline, providing essential nutrients and immunological protection during their critical initial days. As we continue to expand and enhance the services of the CLMC, I am excited to witness ongoing improvements in neonatal health and the strengthened bond within our community.”

Dr. Kalpana Upadhyay Subedi,
Chief Consultant Pediatrician,
Department of Neonatology,

Paropakar Maternity and Women's Hospital

As the country's first Comprehensive Lactation Management Center (CLMC) with Human Milk Bank (HMB), I feel privileged to have been part of a transformative initiative that redefined infant Nutrition and healthcare delivery. Witnessing the impact of our efforts was immensely rewarding. I extend my deepest gratitude to generous and compassionate donor mothers for their selfless act of donating precious milk to our human milk bank. Our

journey was faced with challenges and setbacks like resource constraints, staffing issues, and occasional public skepticism. Yet, each challenge strengthened our commitment to improving neonatal care, driving us to innovate and adapt continuously. I am hopeful that our pioneering efforts will inspire similar endeavors throughout the country, ensuring every child has access to the nourishment they deserve from the very start of life.”

Smriti Poudel,
CLMC Manager,

Paropakar Maternity and Women's Hospital

Testimonials from the Donor mothers and Recipients

“मेरो नाम रन्जु बिसुन्खे हो । मैले २०८०/३/२० गते समयभन्दा दुई महिना अगावै बच्चालाई जन्म दिए । समय नपुगी जन्मिएको मेरो बच्चा निकै सानो(तौल १११०ग्रा.म.) भएकाले एन.आई.सी.यू. मा भर्ना गर्नु पर्यो । मेरो बच्चाले दूध खान नमिल्ने भएकोले स्तन गान्निने, दुख्ने समस्याले तनाव भएको थियो। बृहत् स्तनपान तथा व्यवस्थापन केन्द्र (सी.एल.एम.सी) का काउन्सिलरको सल्लाह बमोजिम यस अस्पतालको मिल्क बैंक “अमृत कोष” मा आफ्नो दूध दान दिने बिचार गरेँ र “अमृत कोष” मा आएर यहाँको कर्मचारीको थप सल्लाह र निगरानीमा दूध मसाज गरेर, सेकेर पम्पको सहायता बाट दूध निकालेर दान गरौँअमृत कोष मा दूध दान गर्न पाउँदा निकै सहज भयो। नेपालको पहिलो दूध बैंक “अमृत कोष”को सुविधाले आफ्नो आमाको दूध नपाएका थुप्रै शिशुहरूले दानबाट पाएको सुरक्षित दूध पाइरहेको प्रत्यक्ष देख्न पाएर निकै खुसी लाग्यो। आफ्नो बच्चाले दूध खान सुरु नगरे पनि अरु बच्चाहरूलाई आफ्नो दूध दान गर्न पाउँदा राम्रो महसुस भयो। म सेवा नै धर्म हो भन्न चाहन्छु ।”

रन्जु बिसुन्खे, २२ वर्ष

(दाता आमा)

नुवाकोट, २०८०/०४/०२



मैले ३५ हप्तामा २०४० ग्रा.म. को बच्चालाई जन्म दिएकि थिएँ। बच्चा दुई हप्ता अगावै कम तौलको जन्मेका कारण विशेष नवजात स्याहार इकाई(एस. एन. सी.यु) मा भर्ना गर्नु परेको थियो। मेरो बच्चामा संक्रमण पनि देखिएको कारणले दूध चुसाउँन असमर्थ भए । बच्चा अप्रेसन बाट भएको र दूध चुसाउन नसकेको कारणले दूध आउनमा समस्या भयो। जसले गर्दा आवश्यक परेको समयमा आफ्नो दूध दिन सकिना तर यस परोपकार प्रसुति तथा स्त्री रोग अस्पतालमा पहिलो पटक खुलेको मिल्क बैंक (अमृत कोष) मा अरु आमाहरूको सुरक्षित दूध खुवाउने सुविधा रहेकोले हामी जस्तो दूध नआएका आमाहरूलाई धेरै सहयोग पुगेको छ। यस्तो सुविधा अरु अस्पतालमा नभएको र यस अस्पतालमा मात्र भएको र आफ्नो बच्चाले यो सुविधा पाएको मा एकदम भाग्यमानी मान्छु । पहिलो चोटि यस अस्पतालमा भर्ना भएर बच्चालाई र आमालाई धेरै राम्रो उपचार भएको र मलाई यस अस्पतालको सबै कुरा , नियम पनि राम्रो लाग्यो।

पवित्रा लामिछाने, २८ वर्ष

थली, काठमाण्डौं, दान दूध प्रापक आमा

मेरो नाम दुर्गा तामाङ हो। २०८०/३/१४ गते ३१ हप्ता मा नै मेरो बच्चा जन्मेको थियो। समय अगावै कम तौल (१४२० ग्रा.म) को अविकसित बच्चालाई प्राकृतिक रुपमा जन्म दिदाँ निकै डर, तनाव र आफ्नो बच्चाको लागि चिन्तित भए। बच्चालाई सास फेर्न पनि गाह्रो भएकोले मेरो बच्चालाई ६ दिन शिशु स्याहार सघन इकाई (NICU) मा भर्ना गरेर राख्नु पर्यो। आफ्नो बच्चाको त्यस्तो अवस्था देखेर तनाव भयो र रुन पनि मन लाग्यो। तर बच्चा हेर्न जादाँ भित्रको सिस्टरहरु, डाक्टरहरुले गर्नु भएको काम, स्याहार र मेहेनत देख्दाँ मेरो बच्चा राम्रो हुन्छ जस्तो लाग्यो। मेरो दूध नआउन्जेल यहाँको मिल्क बैंक (अमृत कोष) को दूध खुवाउनु भयो।

मलाई N.I.C.U मा नै के.एम.सी. गर्न लगाउनु भयो। के.एम.सी ले बच्चाको तौल बढ्ने, बच्चा तातो हुने, निमोनियाबाट बचाउने रहेछ। त्यसपछि यहाँको के.एम.सी. वार्डमा म मेरो बच्चा सँगै बसे। यहाँको नियम आमाक बस्ने वार्ड भन्दा निकै फरक रहेछ। धेरै मान्छे आउन नपाउने, स्यानिटाइजर प्रयोग गर्ने, सके सम्म २४ घण्टै के.एम.सी. गर्नु पर्ने रहेछ। खाना खानलाई छुट्टै कोठा, नुहाउने व्यवस्था पनि रहेछ। मैले पनि मेरो बच्चालाई धेरै भन्दा धेरै के.एम.सी. गरे जस्तै गर्दा मेरो बच्चाको तौल पनि बढ्दै थियो र दूध पनि बढि आउन थाल्यो। जस्तै गर्दा मैले बढि भएको दूध यहाँको मिल्क बैंकमा दान पनि गरे। तर फेरि मेरो बच्चाको पेट फुलेर फेरि बच्चाको वार्डमा राख्नु भयो। म फेरि बच्चाबाट अलग बस्नु पर्यो। १० दिन पछि म फेरि के.एम.सी. वार्डमा आएँ, र अब डिस्चार्ज पनि हुने भए।

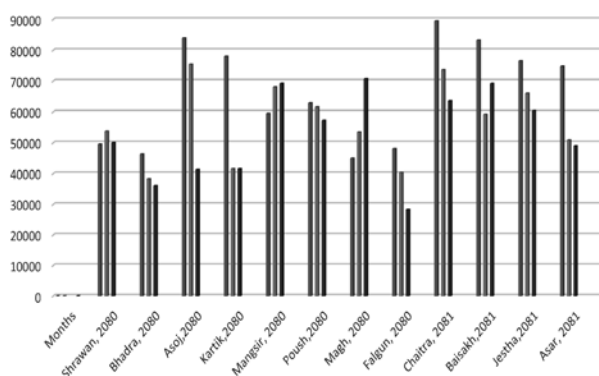
मेरो बच्चा यति राम्रो होला भन्ने नसोचेको अवस्थामा, यहाँको के.एम.सी. र मिल्क बैंक “अमृत कोष” को व्यवस्थाले गर्दा मेरो बच्चालाई निकै राम्रो भयो।



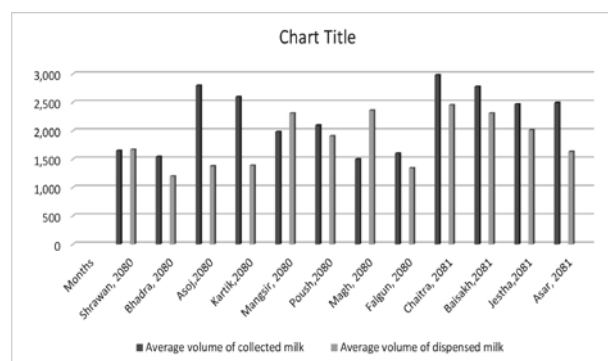
दुर्गा तामाङ, २५ वर्ष
के.एम.सी. आमा
नगरकोट, काठमाण्डौ
२०८०/४/११

Comprehensive Lactation management Center (CLMC), “Amrit Kosh” Fiscal Year 2080/81

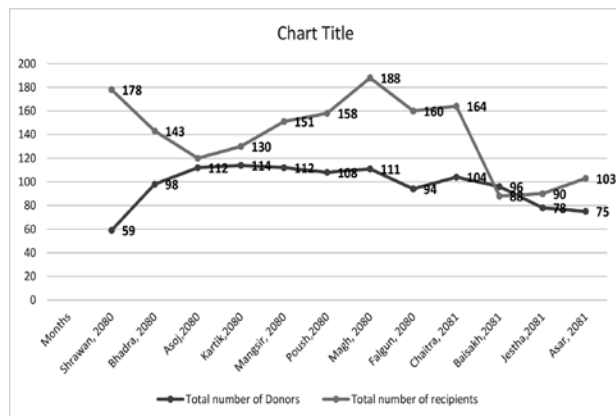
Total Volume of Donor Human Milk (DHM) collected, Pasteurized and Dispensed



Average Volume of Donor Human Milk (DHM) Collected and Dispensed



Total Number of Donors and recipients

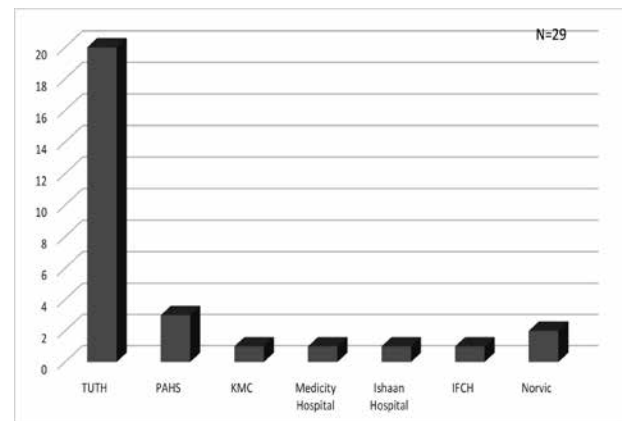


Total volume of Donor Human Milk (DHM) collection from 1,161 generous donor mothers in the fiscal year 2080/81 was 797.48 liters, 682.44 liters of DHM was pasteurized while 636.92 liters of milk was dispensed to 1673 needful newborn babies.

On average 10 donor mothers provides donation to the milk bank per day, whereas, around 15 babies are benefitted each day including newborn from external

hospitals. Average milk collection per day is 1800ml while requirement is 2500ml on average.

External recipients from various organizations



Total number of external recipients from various organizations is 29. The criteria for dispensing to external recipients is BW <1500gm. The major indication of the external recipients. Prematurity with various complications like NEC, RDS

Heartly Congratulation
On the auspicious Occasion of
65th Anniversary
of
Paropakar Maternity & Women's Hospital



Institutional Review Committee of PMWH

Dr. Sapana Amatya Vaidya

Member Secretary PMWH

Institutional Review Committee of Paropakar Maternity and Women's hospital, a pluralistic and multidisciplinary team was established in 2008 as per Nepal Health Research Council (NHRC) guideline, 2005. Officially recognized in 11th May 2017 (2074/1/28) by Nepal Health Research Council (NHRC) and renewed the license in 24th June 2022 (2079/3/10). The IRC committee of PMWH footholds the following objectives and IRC-SOP guides both researchers and institution itself for the purpose of research. However Clinical trial, Interventional and multicenter research are referred to NHRC for approval.

The objectives:

1. To verify the safety, integrity, rights, privacy and confidentiality of research participants.
2. To assure a scientifically sound research by reviewing proposals and monitoring its conduct.
3. To evaluate the appropriateness of research topic and methodology to match with institutional dynamics.

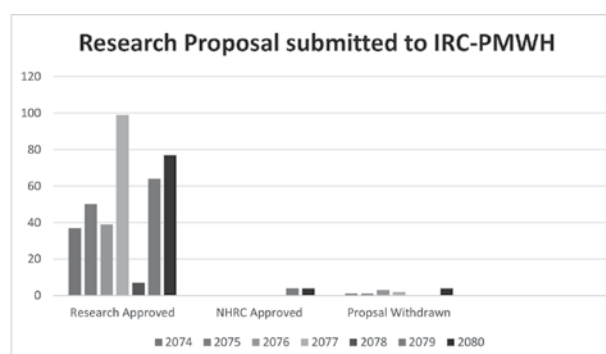
Apart from regularizing the norms as per NHRC guideline for the researchers and their proposals, it is also trying to build in the capacity of IRC-PMWH. IRC-PMWH is also working on the credibility of the researchers by following up the Research. The updated IRC-SOP (2079) was endorsed by the hospital director. The Institutional cost, for the research proposal submitted to IRC-PMWH is as follows.

Institution cost for researcher/student for doing research/study in Paropakar Maternity & Women's Hospital

Designation	Amount
Staff of the Hospital doing research for our hospital/ NAMS affiliation	Rs.500
Researcher with self-funded from other institution (single center)	Rs.5000
Staff of the Hospital with International / External fund (more than 2 lakh)	2% of the total budget
Nepali Students (Bachelor, Master, PhD level)	Rs.1000/student
Any researcher/international student who have to take approval from NHRC*	10000 or 1% of total budget which is more

Documents required for submission of research proposal in IRC-PMWH:

- * Submission/Application letter to the institute by the Principle investigator
- * Research Proposal
- * Information for Participants Page
- * Consent Form
- * Questionnaire/Pro-forma



Research Proposal submitted to IRC-PMWH

2074: 37 research, Withdraw 1

2075: 50 research, Withdraw 1

2076: 39 research, Withdraw 3

2077: 99 research, Withdraw 2

2078: 7 research

2079: 17 research, NHRC approval: 4,

2080: 77 research, NHRC approval: 4,
Withdraw 4

MOTHER BABY FRIENDLY HOSPITAL



*This is certify that Paropakar Maternity and
Women's Hospital has been declared
Baby Friendly 1995*

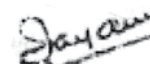


Dr. Simin F. Irani
International Assessor

Unicef



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय



Dr. S. Jayam
International Assessor

म एक पेशाले नर्स

सविना श्रेष्ठ
स्टाफ नर्स

म कसैको ज्यान जोगाउने डाक्टर होइन
तर पनि बिरामीको छेउमा बसेर बिरामीको आवाज सुनिरहन्छ
बिरामीको पिडा, गुनासो र मनभरिको ब्यथालाई
कुनै न कुनै तरिकाले हटाउने हरदम प्रयत्न गरिरहन्छ
किन कि म पेशाले नर्स हुँ ।

म नै हुँ बिरामीलाई माया र आशा जगाउने
बिरामीलाई अहोरात्र सेवा प्रदान गर्ने
बिरामीको स्वास्थ्यमा सुधार आउदा खुसि हुने
म नै हुँ जसले बिरामीको उपचारमा हरदम खट्ने
किन कि म एक पेशाले नर्स हुँ ।

म आफुलाई नर्स भएकोमा गर्व गर्छु
बिरामीलाई गाह्रो भएको बेला सधै साथमा हुन्छु
जब बिरामीले एक्लोपन र निराशापनको महसुस गर्छ
बिरामीलाई सान्त्वना र हौसला बढाउने म नै हुन्छु
किन कि म पेशाले नर्स हुँ ।

यद्यपी म औषधी लेख्ने डाक्टर पनि होइन
तर पनि बिरामीलाई समयमै औषधि खुवाउछु
बिरामीलाई सन्चै छ भनि सुनिश्चित गर्दै
बिरामीलाई माया र सम्मान गर्दै हेरचाह गरिरहन्छु
किन कि म पेशाले नर्स हुँ ।

बच्चाको जन्म समयमा स्याहार गर्ने पनि म
बिरामीको अन्तिम समयमा अस्पतालको शैयामा स्याहार गर्ने पनि म
बच्चाको जन्म पछिको पहिचानको छाप लगाउने पनि म
बिरामीको मृत्यु पछि मृत्युको छाप लगाउने पनि म
किन कि पेशाले म नर्स हुँ ।

हो म सेतो बर्दिमा एक हुँ
स्याहार सुसार र हेरचाह गर्ने
म मात्र एक पेशाले नर्स हुँ
म मात्र जीवन र मृत्यु बिचको भिन्नता देखाउने
किन कि पेशाले म एक नर्स हुँ ।

कम तौलको बच्चा

शोभा अधिकारी

SNCU and KMC, Ward Incharge

जन्मिए म उमेर अगाडि

सानो छ मेरो नसा र नाडि

हात धोइ छुनु होला झर्को नामानी

बनेको छैन अंग राम्रो अनि कम तौल पनि

किटाणु सँग लड्न सक्ने छैन प्रतिरोधात्मक शक्ति

विचार पुर्याउनु है मलाई छुनु अघि

मायाको अंगालो मेरो मिल्ने साथी

यसमा राखे हुन्छ मलाई जाती

नाङ्गो छातीमा राख आमा पञ्जा, टोपी र मोजा लगाई

तौल छिटो बढाउनु मेरो, आमा पुर्ण स्तनपान गराई

मायाको अँगालोले तौल बढ्छ साथी

आमा बच्चा सँगै हुदाँ माया पनि कति-कति

राख्नु है हरबखत नाङ्गो छातीमा टाँसी

म र मेरो आमा बिचमा माया अंगाली

“अमृत कोष”

जागृति लाल ननमून

रिसेप्सनिष्ट (सी.एल.एम.सी)

एक आमाको ममताको मुर्त रुप हुन् उनका सन्तान

नौ महिना गर्भमा राखी, चिनाउछिन् यो संसार

आमाको दूध हो उनका लागि पहिलो पौष्टिक आहार

कति शिशु वञ्चित हुन्छन् पाउन यो नविनतम उपाहार

बिचरा कठै! उमेर नपुगेका अविकसित नवजात सन्तान

आफ्नो दूध दिन नसकेका आमाहरुको आशाको एक स्वपन

आमाको दूधको भण्डारण गर्ने यो कस्तो अनौठो प्रक्रिया

आज पुरा भएको छ मिल्क बैंकको रुपमा यो सपना

स्वस्थ आमा छनौट गर्छौं, रगत चेक जाँच गरी

आमाको दूध निकालेर भण्डारण गर्छौं, सफाई ध्यानमा राखी

दूध शुद्धिकरण गर्ने, कति राम्रो पाश्चराइजेशन विधि

दूधको स्तर किटाणुरहित भएतापनि

दूधको जाँच नगराई अधुरो छ यो सिद्धि

आमाकै दूध तयार हुन्छ यस प्रक्रिया पछि

भाग्यमानी नवजात शिशुहरु, यो संघ पाई

सँयौ वर्ष मिल्क बैंकको विश्वको इतिहासमा

पहिलो मिल्क बैंक पाएको छ, नेपालको सन्दर्भमा

कृष्णजन्माष्टमीको दिन साकार भएको यो कल्पना

नेपालकै पहिलो मिल्क बैंक, प्रसुति गृह अस्पतालको प्राङ्गणमा

अमृत समान आमाको दूध भण्डारण गर्ने यो केन्द्र

स्थापना भयो “अमृत कोष” को स्वरूपमा

जीवन

रूपा श्रेष्ठ

कहिले नलेखेको कविता आज रच्च मन लाग्यो
जीवनमा स्वर्ग र नर्क यहि हुदोरहेछ
बाँच्च केवल गाँस, बास र कपास चाहिन्छ
बाकी खुसि, पिडा, रहार सबै आफ्नै रोजाई

यो शरिरको रहर अनेक
कसैको साम दाम दण्ड भेद, कसैको मुक्ति
यो सबै मान्छेद्वारा सृजित कुन सत्य कुन भुठ सबै अन्योल
बाँच्च केवल गाँस, बास र कपास चाहिन्छ
बाकी खुसि, पिडा, रहार सबै आफ्नै रोजाई

भोगाई अनुसार सबैको जिन्दगानी दुनियाँ अनेक
कसैलाई सबै भएर नपुग्दा, कसैलाई केहि नभएर पनि सबै पुग्ने
बाँच्च केवल गाँस, बास र कपास चाहिन्छ
बाकी खुसि, पिडा, रहार सबै आफ्नै रोजाई

अभैपनि मानिस आफ्नो धर्म पेशा पैसाको आडमा सोचाई राख्छन अनेक
जीवन सबैको सम्मान गरि बाच्च मान्छन किन गाह्रो
बाँच्च केवल गाँस, बास र कपास चाहिन्छ
बाकी खुसि, पिडा, रहार सबै आफ्नै रोजाई

सबैको गन्तब्य एउटै जीवन र मृत्यु
यो बिच सबैको जीन्दगिको भोगाई अनेक हिड्छन धेरै अरुको बाटोमा
आफ्नै जीवन आफ्नै गन्तब्यको बाटो किन नहोस आफ्नै
बाँच्च केवल गाँस, बास र कपास चाहिन्छ
बाकी खुसि, पिडा, रहार सबै आफ्नै रोजाई

सोचाइमा ठिक गलत, सानो र ठुलो
जीन्दगिमा हार जित सबै भोग्ने पर्ने दिन
त्यसैले जे मा लाग्छौ आफ्नो सबै दिएर
लाग मन दिमाग र शरिर
बाँच्च केवल गाँस, बास र कपास चाहिन्छ
बाकी खुसि, पिडा, रहार सबै आफ्नै रोजाई

Annual Activities in Department of Neonatology

¹Dr Kalpana Upadhyay Subedi, ²Dr Shailendra Bir Karmacharya, ²Dr. Prajwal Paudel, ³Dr. Megha Mishra, ⁴Dr Needa Shrestha, ⁴Dr Shraddha Shrestha and, ⁴Dr. Neelam Gupta Team.

(¹Head of Department, Chief Consultant & Professor, ²Senior consultant, ³Consultant, ⁴Registrar)

The neonatal period refers to the first four weeks of a baby's life. This critical phase is essential for a child's survival and development, and babies are highly susceptible to infections during this time. In Nepal, the neonatal mortality rate (NMR) has gradually declined from 28.5 deaths per 1,000 live births in 2009 to 21 deaths per 1,000 live births in 2022; however, it has remained stagnant over the past five years.

Nepal's Safe Motherhood and Newborn Health (SMNH) Road Map 2030 aims to ensure the health and well-being of all mothers and newborns. Aligned with the Sustainable Development Goals (SDGs), the Road Map targets a reduction in the NMR to less than 12 deaths per 1,000 live births. Nepal is committed to achieving the targets set by the Global Strategy for Women's, Children's, and Adolescents' Health (2016–2030), which are consistent with the SDGs. Paropakar Maternity and Women's Hospital (PMWH) has been recognized by the government of Nepal as a centre for both maternal and newborn health services. The Department of Neonatology at PMWH bears a significant responsibility for producing skilled human resources through various training programs and academic activities. We are strongly determined to provide quality care to newborns at PMWH, and both the hospital and department are making constant efforts to achieve this goal.

Department of neonatology

The neonatology department is currently running NICU, SCBU and KMC and observation ward. We have 10 bedded NICU, 26 bedded SCBU and 6 bedded KMC and 4 bed in observation area. Currently we are operating NICU with, 10 radiant warmers with

bed side monitors in each bed, 6 ventilators, CPAP machines. Our unit has ABG machine, portable X-RAY machine, portable USG/Echocardiography machine, phototherapy machines. We have daily portable ultrasound and regular echocardiography services for sick newborn admitted in NICU and SCBU.

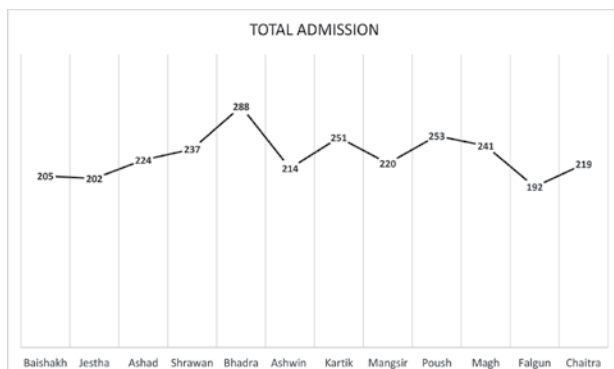
The Department of Neonatology includes one Chief Consultant, two Senior Consultants, one Consultant, one Senior Registrar, two Registrars, one Senior Medical Officer, several Medical Officers, and two Paediatric Residents from NAMS, who are posted to the department for three-month rotations for Perinatal training. Additionally, one Gynaecology and Obstetrics resident is posted for 15 days for comprehensive newborn care and resuscitation training. The department is supported by one Nursing In-Charge, 20 nursing staff, 10 Nurse Aides and attendants, and five cleaning staff to run the NICU and SCBU.

On August 19, 2022, former President Bidhya Devi Bhandari inaugurated Nepal's first Comprehensive Lactation Management Centre (CLMC)/Human Milk Bank at Paropakar Maternity and Women's Hospital under the Department of Neonatology. The CLMC is operated by one CLMC Manager, seven lactational support staff, one lab technician, one office assistant, and three cleaning staff. The Human Milk Bank features a counselling and expression room, a pasteurization room, a cleaning room, and a storage area. Paediatric and Neonatology OPD: OPD services are being given from Sunday to Friday at 9 am to 1 pm. We provide services through our well baby clinic, high risk newborn follow up clinic, childhood immunizations and prenatal counselling for high risk and complicated pregnancies. Both

newborn and older children are examined in OPD.

Annual Data of the year 2080

In year 2080 (Baisakh to Chaitra) 2,777 babies were admitted in Department of Neonatology out of 23,219 live births in the hospital. The admission rate 11.96% , which is more than last year by 1.13%. The peak month for admission was Bhadra followed by Poush and Kartik.

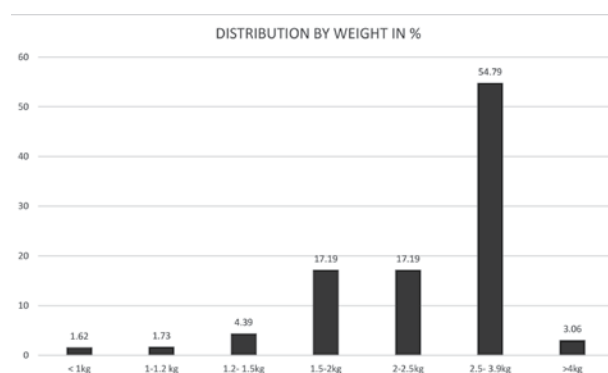
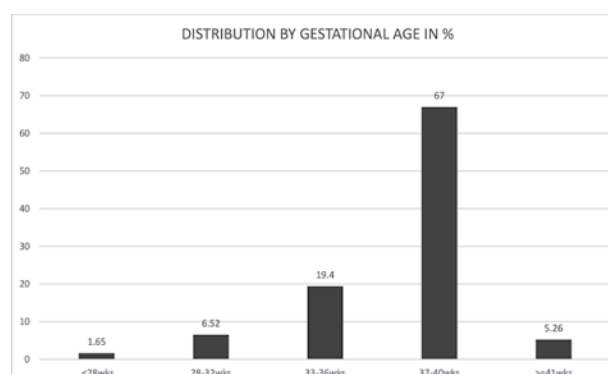
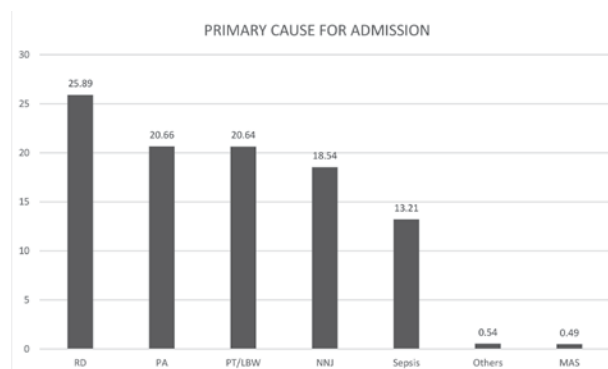


Most of the neonates that were admitted were within 72 hours of life, comprising of 80.5% of the total admission, and 19.4% were admitted after more than 72 hours. The admission this year comprised of 67% term babies, 27.5% of preterm and 5.26% post term babies, however 42.12% of the admission were of low birth weight which includes 21.58% low birth weight, 1.73% very low birth weight and 1.62% extremely low birth weight, 54.79% comprising of normal weight babies whereas only 3.06% comprising of large for gestational age babies. Among the total admissions there is male predominance with male: female ratio of 1.4:1.

CAUSES OF ADMISSION

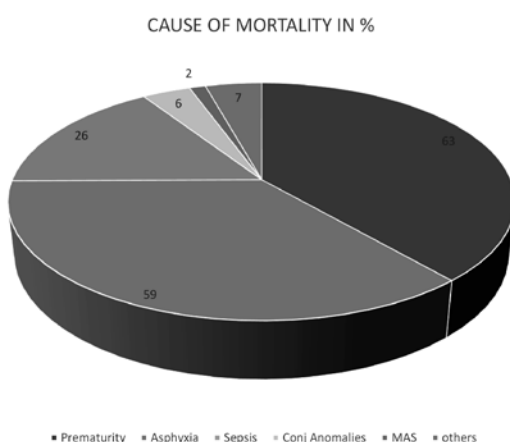
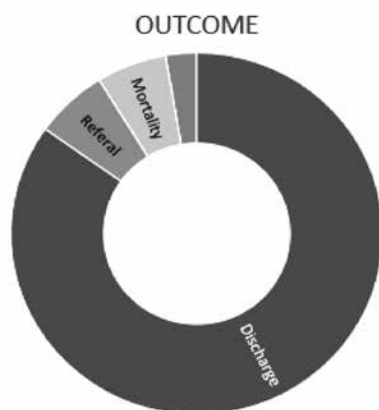
Over the year, most common cause of admission was respiratory distress comprising of 25.8% of the total cases followed by perinatal asphyxia 20.66% and then preterm/low birth weight 20.64%. Neonatal Jaundice accounted for 18.54% while Sepsis accounted for 13.21% of cases. Meconium aspiration syndrome accounted for 0.49%. The preterm cases have increased from that seen in last year. The number of perinatal asphyxia case admissions has decreased

compared to the admissions seen in previous years. The number of sepsis cases have increased from previous years. Other cause of admission comprising of 0.54% including IUGR, Congenital heart disease (CHD), congenital anomalies and for routine care of babies whose mothers are in MICU and from OCMC.



OUTCOME:

In the year 2080, among the 2,777 admitted cases, 84.8% recovered and were discharged, 2.7% left against medical advice, 6.37% were referred due to unavailability of ventilators and for surgical interventions and 6.12% of the neonates expired.



Approximately 68.85% of the total babies that were admitted were discharged within 3 days, 21.16% of them discharged within 3-7 days and 9.98% discharged after 7 days

Out of the total mortality, 63% due to Prematurity, 59% babies were lost due to perinatal asphyxia and its complications, 26% due to sepsis, 6% due to congenital anomalies and 2% due to meconium aspiration syndrome and 7% due to other causes.

The neonatal mortality rate in our hospital is around 7.32 per 1000 live birth which is similar to the NMR recorded last year. SNCU mortality rate is 0.04% and NICU mortality rate is 3.13% per 1000 live birth.

This may be the result of following interventions we are practising.

- Quality improvement intervention to prevent

sepsis by regular cultures of environmental specimens (tap water, sink drains, liquid medications, respiratory therapy equipment, neonatal cot, suction machine cap, hands of staffs etc)

- Use of disposable items of the NICU
- Hand hygiene compliance
- Use of Clean autoclaved separate gowns for visitors, mothers, and health professional of NICU department.
- Discarding opened IV fluids in each nursing shift
- Promoting enteral feeding especially with EBM/BF
- Providing a donated human milk (DHM) which is lifeline for infants who cannot receive their mother's milk especially for preterm and sick babies
- Monitoring/ surveillance of nosocomial infection
- Regular cleaning of ward and fumigation of NICU, SCBU, Labour room, MNSC, OT whenever indicated
- Perinatal audit done regularly
- Timely referral of needy sick neonates and for surgical interventions

ACTIVITIES:

- Comprehensive newborn care training for level 2 nurses is conducted on a regular basis
- Comprehensive Newborn Care training for Level 2 Doctors is also conducted on a regular basis
- Paediatric Essential Critical Care Training for doctors and nurses
- CLMC orientation done to all the hospital staffs

ACADEMICS:

- Regular classes conducted twice a week in the department for NAMS residents and medical officers
- Bedside teaching of residents every day during morning rounds
- Practical teaching of Umbilical vein catheterization, Lumbar puncture, Intubation and ventilation, Surfactant therapy, Exchange transfusion, thoracocentesis and blood drawing procedures during posting of NAMS residents

ACHIEVEMENTS

- Improvement in Infection Prevention and practice Management
- Neonatal ECHO service is provided on a regular basis
- Observation Ward has been established and running with full swing from in patient and separate nursing and medical staffs has been assigned
- Paropakar Maternity and Women's Hospital is established as Comprehensive Lactation Management Centre (CLMC) where Nepal's first Human Milk Bank (HMB) is running and providing safe donor human milk to small and vulnerable neonates
- 6 bedded KMC ward is running successfully

CHALLENGES

- Insufficient human resources, particularly nurses and nurse aides, do not meet the standard criteria, resulting in a very low nurse-to-patient ratio in the NICU (1:3 to 1:5) and SCBU (1:10 to 1:15)
- Lack of 24-hour X-ray and ultrasound services
- Lack of incubators in the NICU for managing extremely low birth weight babies
- Insufficient supply of pasteurized donor human milk for all needy babies
- Unavailability of a physiotherapist
- Sepsis control

Next Step

We are planning to start 20 bedded NICU and 20 bedded SCBU

We are extremely proud to have a team of dedicated, experienced staffs who are available in house, 24 hours a day, 7 days a week taking care of the very vulnerable, sick neonates

Department of Anaesthesiology Annual Report 2080/081

Department of Anaesthesiology

Introduction

Paropakar Maternity & Women's Hospital (PMWH) was established in 2016 BS to provide services to the mothers and women with obstetric care and gynecological problem. Since its founding, the hospital has offered a variety of OPD, inpatients, and surgical facilities. Anaesthesia services are an integral and essential part of surgical care. In 2037 BS, the first modern operating rooms were established. At that time the majority of anaesthesia services were provided by the visiting anaesthesiologists and medical staffs who had taken anaesthesia training until the end of 2042 BS. Anesthesia services at PMWH commenced in 2043 BS following the arrival of the hospital's first qualified anaesthesiologists. Recognizing their crucial role, the hospital administration has prioritized employing visiting anaesthesiologists to provide 24 hour services.

First postgraduate training in anaesthesia was started in 1985 AD with Diploma in Anaesthesia (DA) under PGMCC, a joint program of Government of Nepal and Institute of Medicine, TU. Later DA course had phased out and MD Anaesthesiology programme was started from 1996 AD. Residents of both institutes were posted in this hospital for training in specialized obstetrics anaesthesia. Now National Academy of Medical Sciences (NAMS) is continuing the MD anaesthesia programme and residents are posted for 1 month in first year and 3 months in second year. Second year residents from Karnali Academy of Health Sciences (KAHS) are also posted for an exposure of obstetric anesthesia in our hospital.

Anaesthesia Assistant Course (AAC) under NAMS for Health assistants, staff nurses started in this hospital from 2063 BS especially targeting to reduce the maternal mortality and morbidity by providing anaesthesia services for BEOC and CEOC in various health facilities of our country. This AAC training of 1 year under NAMS has been running in our hospital

along with other 2 hospitals in Kathmandu.

The Department of Anaesthesiology is dedicated to excellent patient care, resident education and research. Pain management is integral part of anaesthesia. The clinical goal of our department is to enhance patient care by focusing on patient safety, effective pain relief and anesthesia services for pregnant women before, during and after childbirth.

In addition to our improvements in clinical treatment and research over the past year, we have continued to give students the most thorough and educational experience possible with a focus on regional anaesthesia in obstetric patients as well as other forms of anaesthesia in gynaecological and obstetric patients.

Health sector is ever evolving. We believe in keeping ourselves up to date with recent advances. The anaesthesiologists of our department also participate and attend different conferences, seminars and workshop conducted in Nepal and abroad.

Department Activities

Clinical:

- Preanaesthetic check- up daily for elective surgeries as an outdoor services.
- Anaesthesia for elective surgeries 6 days a week
- Anaesthesia for emergencies surgeries round the clock, 7 days a week
- Anaesthesia for Extended Health Service (EHS)
- Postoperative pain management
- Labour analgesia for demanding parturient
- Maternity Intensive Care
- Resuscitation in acute emergencies including advanced cardiac life support.
- Ultrasound Guided Transversus Abdominal Plane Block (TAP block) for postoperative pain

management

- Ultrasound guided spinal anesthesia
- Providing anaesthesia for patients in IVF wings

Academic:

- MD Anaesthesiology: Theory subject discussion classes on Obstetric anaesthesia.
- Bed site teaching to residents, medical officers, anesthesia assistant students and MD OB/GYN.
- Anaesthesia techniques for minor cases and resuscitation for BEOC/CEOC/Advanced SBA trainees
- Active participation in regular hospital CME conducted on every alternate Wednesday.

Physical Facilities

- 3 major and 1 minor operation theatre in gynaecology building
- 3 obstetric emergency theatre in new obstetric building
- 1 operation theatre for IVF procedure in separate building in Kopundole
- 1 preanaesthetic check up room
- Well-equipped class room for theory classes

Human Resources

Chief Consultant: 1

Senior Consultant: 2

Consultant: 1

Registrar: 2

Junior Registrar: 5

Medical officer: 4

Anaesthesia Assistants: 7

Training/Courses/Meetings:

- Dr Tara Gurung, Dr Sangeeta Shrestha and Dr Manju Maharjan had attended World Congress of Anaesthesiologists (WCA 2024) and presented E poster in Singapore on 2nd March – 7th March 2024
- Dr Manju Maharjan received scholarship grant

for WCA 2024

- Our department hosted SAN CME on 28th Poush 2080 in which Dr Aashish Dhital on Epidural Labour Analgesia and Dr Alan Amatya on Management of massive obstetric hemorrhage were presented.
- Dr Tara Gurung and Dr Sangeeta Shrestha conducted Perioperative Critical Events in Obstetrics workshop in Biratnagar organized by Nepalese Society of Critical Care Medicine in 5th National conference and 1st Eastern critical care concave held on 7th December 2023.
- Pre Conference Labour Analgesia workshop SANCON 2024 was conducted in our hospital on 28th March 2024 in collaboration with SAN, Department of anaesthesia , PMWH and Indian Society of Obstetric Anaesthesia (ISOA)
- Active participation of all department members in 23rd Annual Conference SANCON2024 on 29th & 30th March 2024

Publication

- Article on “Awareness and acceptance of epidural labor analgesia among pregnant women at a tertiary care hospital” has been published by Dr Aashish Dhital in Journal of Chitwan Medical College, Col.14 No.2 (2024): Issue 48,pg50-53.
- Article on “Preoperative anxiety and sociocultural factors in women undergoing cesarean section” is in the process of publication.

Ongoing Research

- Effect of Dexamethasone as an adjuvant with bupivacaine in Transversus abdominis plane block for post cesarean analgesia.
- Comparative study of postoperative analgesia between Transversus Abdominis Plane block and Quadratus Lumborum block.

Movements of the year

1. Dr Shubhash Regmi joined the department as Chief Consultant Anaesthesiologist and Head of Department from Baishak, 7th 2081.

- Dr Astha Shrestha and Dr Serene Sthapit joined the department as Anaesthesiologist.
- Dr Rajesh Desai and Dr Dipesh Shrestha left the department after completing the bond of scholarship on Mangsir 2080.
- Medical officers Dr Rukmani Kharel, Dr Bhumika Raut and Dr Khem Chandra Joshi resigned after completing 1 year.
- Dr Suchita Yadav and Dr Paresh Shrestha joined our department in the post of medical officer in 2080.

Future Plans

- Upgrade Maternal Intensive Care Unit(MICU)
- Continue to provide Essential Critical Care Training to hospital staffs
- To provide simulation based Perioperative Critical Events in Obstetrics
- Increase awareness and provide labour analgesia facilities effectively
- Fellowship training in Obstetric Anaesthesiology

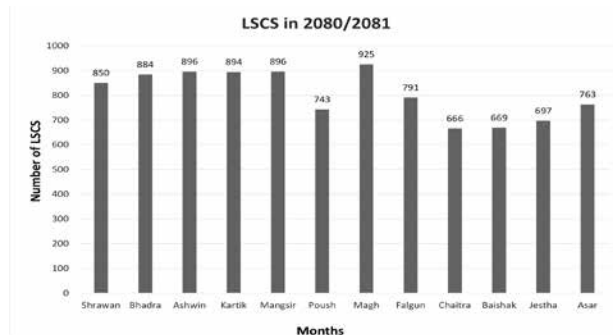


Fig 1. Month wise distribution of Lower Segment Cesarean Section (LSCS)

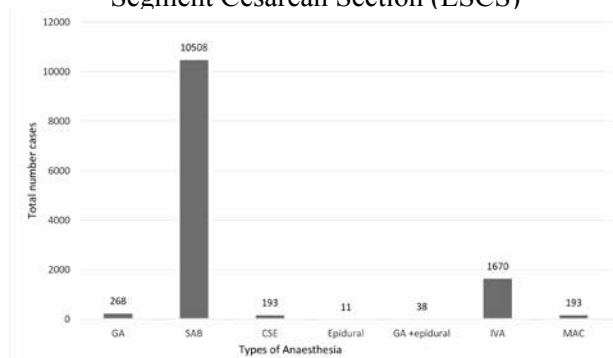


Fig 2: Types of Anaesthesia

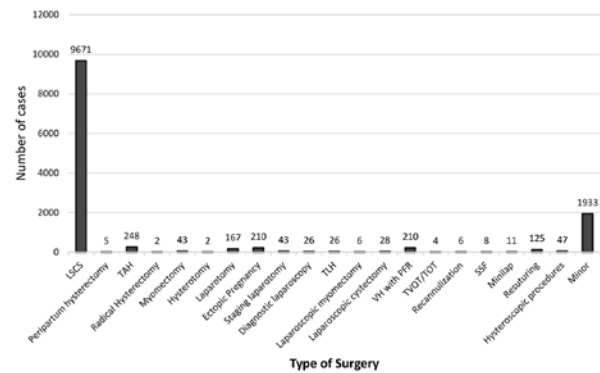


Fig 3: Types of Surgery

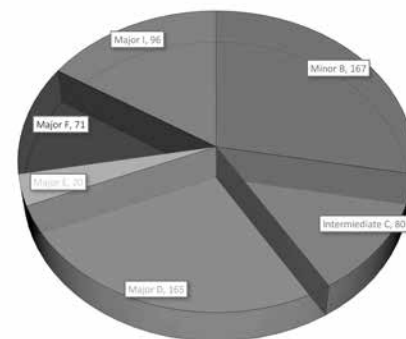


Fig 4: EHS surgeries

Total number of surgeries done in EHS were 599 in the fiscal year 2080/81

Department of Radiology & Medical Imaging Annual Report 2080/081

Dr. Abhishek Shah
HOD, Sr. Consultant Radiologist

Radiology and Medical Imaging has been an Integral part of Modern Medicine since Wilhelm Conrad Roentgen discovered X-ray in 1895. It has been a long way to incorporate various diagnostic as well as therapeutic procedures including Image Guided Minimally Invasive Surgeries, being performed nowadays. In PMWH, Ultrasonography (USG) is the most frequently & widely performed radiological investigation for maternal, fetal and neonatal problems. We also perform X-ray based procedures like Hysterosalpingogram (HSG) & Intervous Urogram (IVU). We are also equipped with CT scan & Mammogram imaging modalities.

In this department, we are conducting radiology resident posting, OB/GNY resident posting, and pediatric fellowship posting, as per NAMS schedules every year. We are also helping in enhancing the skills of radiologist by giving platform to new comer Radiologist as OJT training and observership facilities.

In the year 2080/81, we have established a standard reporting software named "SafeBeginnings" for USG with facility to be stored in server with the help of Mr. Aadit Shrestha as a main creator (Volunteer work) and our IT staff Mr. Raj Shrestha. With help of JICA we got installed a latest X-Ray machine (Digital X-ray machine) & one portable digital X-ray machine in PMWH, Thapathali. We were able to renovate with painting and tiles flooring in Mammography section of department. Air conditions were replaced in USG main hall and CT room due to its un-repairable condition. We also extend our radiology service to Kupondole branch, starting with Ultrasonography facility. With our on-going 2nd trimester anomaly scan, we have started first trimester anomaly scan too to diagnose fetal anomaly as early as possible.

In this year approximately on average 380 plus patients visited daily for their USG scan including 40 plus anomaly scan. For the patient comfort and easiness, department is running Extended Health service (EHS) on regular basis. We have six USG machine in Thapathali, one in Kupondole & one in Bhaisepati branch. Considering patient health, we are also proving 24 hrs emergency coverage.

Facilities:

- USG-Abdomen & Pelvis Scan, Obstetric Scan, Superficial parts (Neck, Breast & Axilla etc), Joints, Neurosonography (Neonates), Fetal Anomaly scan (First trimester & Second trimester), Doppler study, Trans-vaginal scan (TVS), USG guided procedures (Aspiration, FNAC, Biopsy etc.)
- X-Ray-Digital X-ray, Portable X-ray, HSG, IVU etc.
- Mammography.
- CT scan- Head, Neck, Chest, Abdomen & Pelvis, KUB, IVU etc.

Annual data:

- USG: We performed total 86158 ultrasound examinations in Fiscal year 2080/81, among which 72407 were abdomen & pelvis scans including OB/GYN scan, 9978 fetal anomaly scans, 2136 Doppler studies including fetal Doppler scan, 1001 TVS and 122 cases are of Breast USG.
- X-ray: Total 4746 X-ray and related procedures were done.
- Mammography: Total 52 mammograms were performed.
- CT scan: Total 289 cases of CT scan were performed.

- HSG: Total 737 cases of HSG were performed.

Challenges & Suggestions:

- **Lack of skill enhancing training for radiologists and radiographers.** It must be continuous process on rotation for short term (Two weeks) by sending in various Government hospital for exposure and skill enhancement. By sending to our government hospital there won't be any financial burden.
- **Lack of MRI services.** And in today's time it is must and required modality especially for Women's hospital. (MSS requirement).
- **Lack of Fluoroscopy services for real time**

imaging like HSG, Fistulogram, MCUG & IVU etc.

- **Lack of Interventional Radiology (IR) set-up.**
- **Lack of 3D/4D high end USG machine (MSS Requirement) and one medium end USG machine is required.**
- **Establishing a well-equipped & managed reporting station (PACS System).**
- **Lack of proper and adequate space in USG room to accommodate the large number of patients visiting on daily basis.**
- **To establish equipped intra-departmental class room.**

Current VS last seven fiscal year data

Year	Total X-ray	Total HSG	Total Mammogram	Total CT-scan	Total USG
2074-2075	2793	387	69	137	73262
2075-2076	3463	405	114	189	76128
2076-2077	2639	283	27	150	54542
2077-2078	3649	257	48	159	53834
2078-2079	4530	649	17	116	64007
2079-2080	4813	696	42	163	72506
2080-2081	4746	737	52	289	86158

Fiscal Year 2080/81 (Radiography Wing)

Year/Month	X-RAY	HSG	Portable X-Ray PBU	Portable X-Ray MICU	CT-Scan	Mammogram
Shrawan	204	57	290	4	32	10
Bhadra	106	74	284	3	17	3
Ashoj	16	26	373	NA	32	3
Kartik	111	16	198	2	11	NA
Mangsir	176	69	201	2	12	3
Poush	217	7	195	5	38	2
Magh	225	53	158	3	27	2
Falgun	201	58	162	5	24	NA
Chaitra	176	58	202	2	17	9
Baisakh	219	74	181	3	22	7
Jestha	238	85	166	5	26	6
Ashad	179	88	229	5	31	7
Total	2068	737	2639	39	289	52

Fiscal Year 2080/81 (Radiography Wing)

Month	USG Abd/Pelvis Including OB/GYN	Anomaly Scan	Doppler USG	TVS	Breast USG	NICU USG including Abdomen, Cranium etc	Total USG
Shrawan	6745	527	195	85	12	43	7607
Bhadra	5529	499	152	72	9	48	6309
Ashoj	5263	508	145	95	8	36	6055
Kartik	3111	349	80	45	5	25	3615
Mangsir	5567	494	195	75	9	40	6380
Poush	5483	453	175	68	11	55	6245
Magh	5319	555	163	90	10	46	6183
Falgun	5659	554	195	85	13	56	6562
Chaitra	5543	502	170	81	7	49	6352
Baisakh	5617	551	185	92	6	33	6484
Jestha	7046	569	195	79	9	51	7949
Ashad	6060	539	197	65	7	32	6900
Total	66942	6100	2047	932	106	514	76641

Fiscal Year 2080/81-General OPD (USG Wing)
Fiscal Year 2080/81-EHS OPD (USG Wing)

Month	USG Abd/Pelvis Including OB/GYN	Anomaly Scan	Doppler USG	TVS	Breast USG	Total USG
Shrawan	479	466	7	3	1	956
Bhadra	469	253	8	6	2	738
Ashoj	475	254	8	6	NA	743
Kartik	301	218	8	1	2	530
Mangsir	455	229	8	4	1	697
Poush	474	154	8	4	1	641
Magh	366	211	2	2	2	583
Falgun	490	310	11	6	5	822
Chaitra	367	522	4	6	NA	899
Baisakh	477	475	5	12	NA	969
Jestha	612	375	11	11	NA	1009
Ashad	500	411	9	8	2	930
Total	5465	3878	89	69	16	9517

Clinical Pathology, Laboratory and Molecular Medicine

¹Dr. Karishma Malla Vaidya, ²Dr. Bibhuti Dahal,
²Dr. Saurav Lal Joshi, ²Dr. Smritee Sharma Adhikari,
²Dr. Sunisha Vaidya, ²Dr. Yashmin Shrestha
 (¹Head of Department & Sr. Consultant, ²Consultant)



The pathology department at Paropakar Maternity and Women's Hospital, popularly known as “Prashuti Griha” plays a crucial role in providing healthcare services specifically tailored to women's and neonatal health needs. Pathology is a fundamental aspect of medical diagnostics and treatment planning which involves the study and diagnosis of diseases through examination of bodily fluids (such as blood or urine) and tissues.

Our laboratory at Paropakar Maternity and Women's Hospital has been providing services for patients with obstetrics, gynecology, neonatal disorder and fertility workup. We have a prenatal screening facility using maternal hormones that includes dual, triple and quadruple tests to screen for trisomy 18 and trisomy 21. Hormone testing and analysis to evaluate and manage conditions such as menstrual disorders, infertility and menopause are also available at our lab.

Catering to the needs of PMWH's recently expanded infertility center, our department provides provisions for both manual and computer assisted sperm analysis (CASA). In addition, routine tests for hematology, biochemistry, parasitology, microbiology, hormone analysis, immunology, histopathology, cytology and blood banks are also available. External Quality Assurance (EQA) is performed regularly, contributing to quality management and improvement of our laboratory services.

This year, our laboratory facilities have been extended with newer technologies including fully automated blood grouping method and antibody screening. These technologies help better identify risk for hemolytic disease of newborn (HDN) and guide treatment options. Another noteworthy

addition to test facilities planning to be introduced in the recent future in our laboratory is the Neonatal metabolic screening profile.

Our department also includes a molecular laboratory where Real time Polymerase chain reaction (PCR) test is available for HPV DNA detection and SARS COV 2 (as needed) for both inpatients and public services.

The histopathology department at PMWH receives an average of 400 tissue specimens per month and provides a panel of Immunohistochemistry markers in addition to routine histopathology reporting. Our cytology department mostly deals with liquid based cytology testing with facilities for imprint cytology, fine needle aspiration cytology (FNAC) and body fluid cytology also available.

We work as a team of 39 laboratory employees in various disciplines within the laboratory. We have eight laboratory personnel allocated for our Blood transfusion services. Our lab team consists of consultant pathologists, technologists, technicians, microbiologists, lab assistants, and lab boys. We offer regular and specialized tests, as well as 24-hour emergency tests and blood bank services.

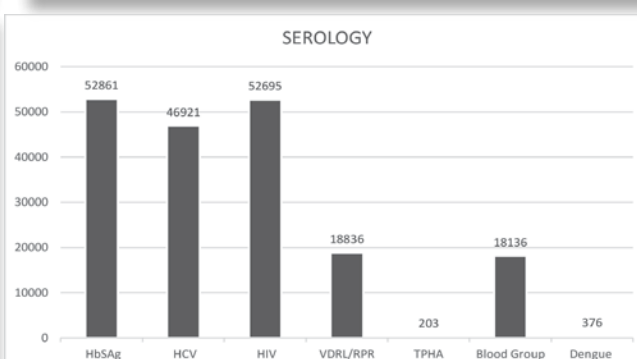
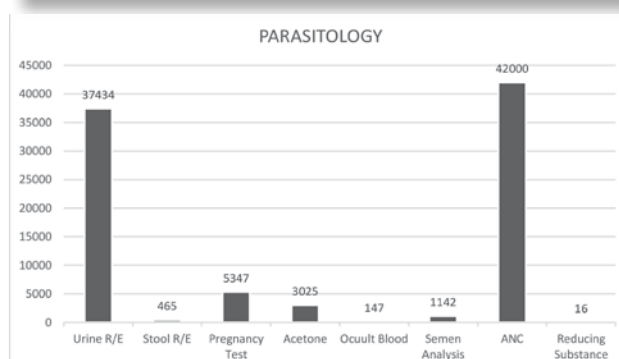
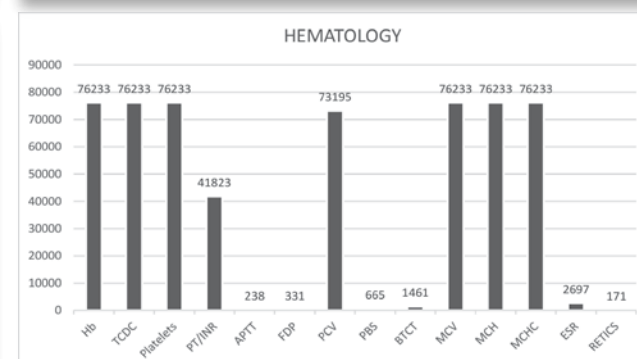
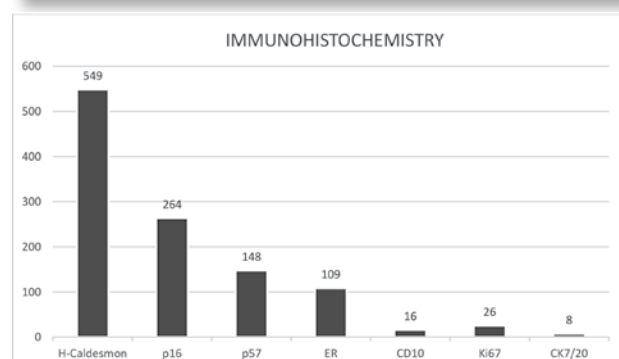
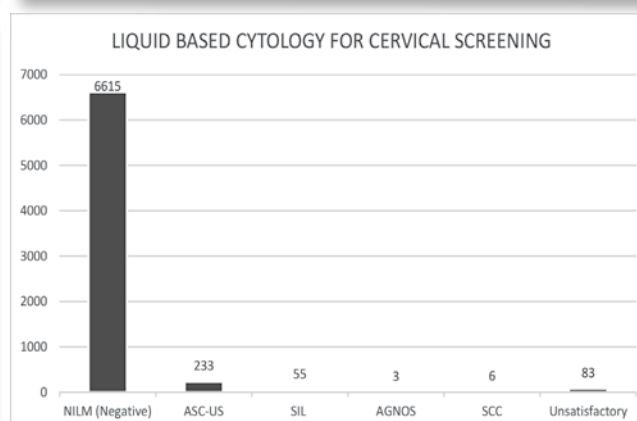
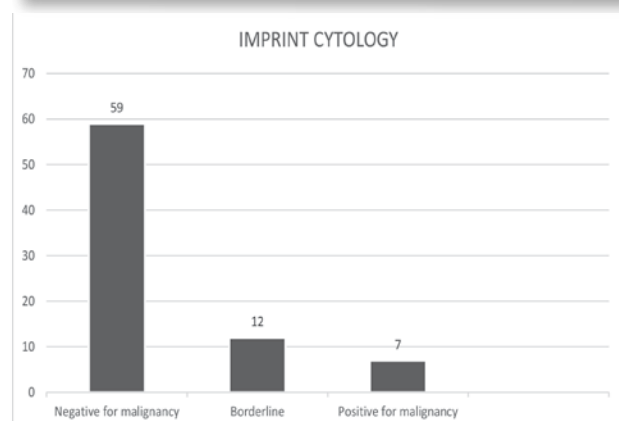
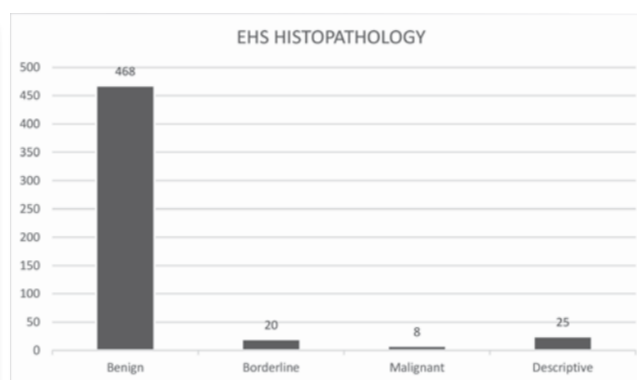
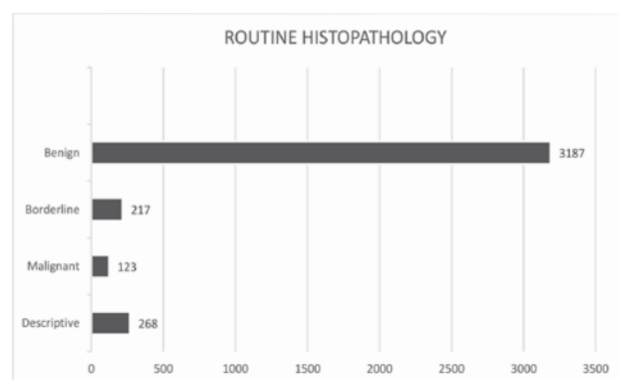
We also have provision of training for laboratory assistant, laboratory technicians, laboratory technologists, medical microbiologists and residents of Gynecology and Obstetrics.

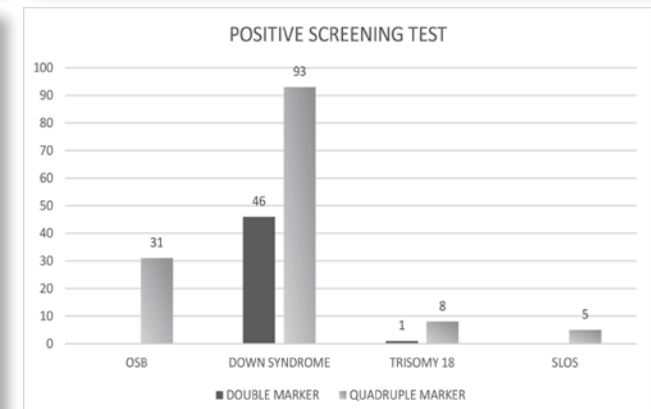
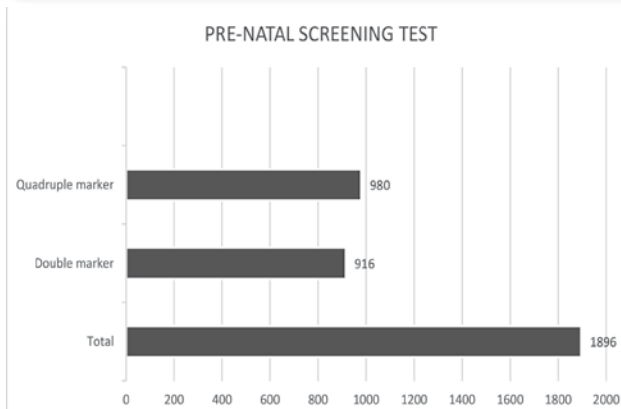
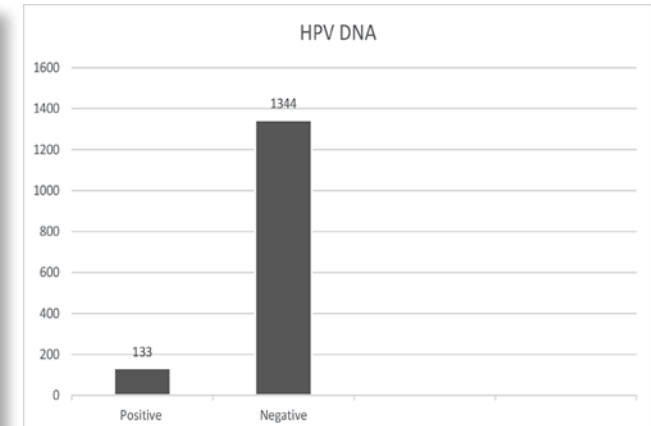
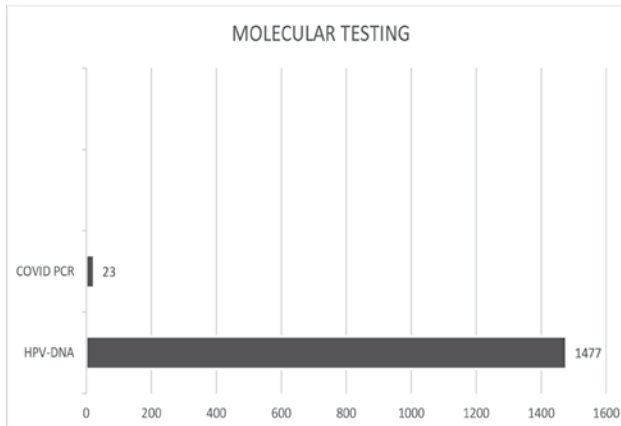
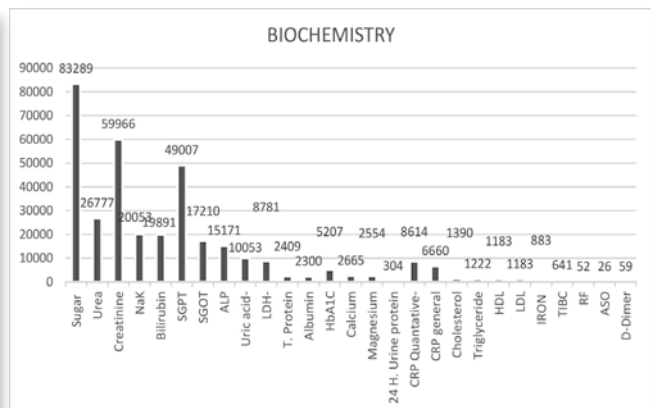
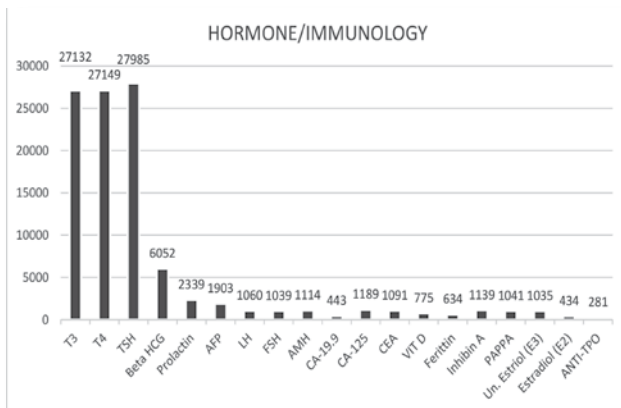
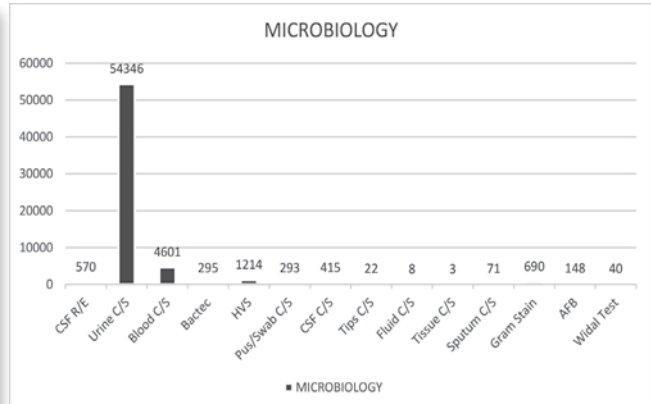
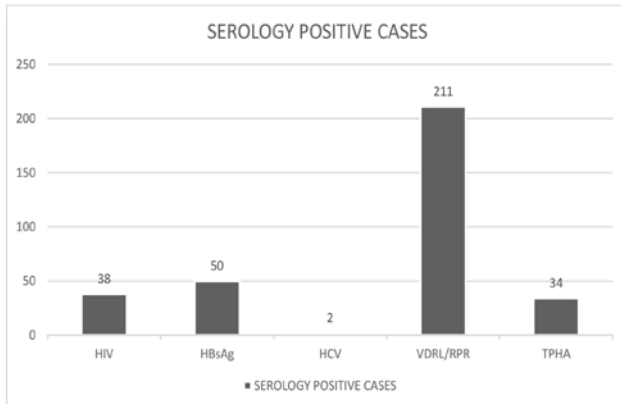
On the academic front, our HOD, Dr. Karishma Malla Vaidya conducted a presentation on “Prenatal Genetic Screening test, Three years' experience in a tertiary hospital, Paropakar Maternity and Women's Hospital” in the 11th international conference of Association of Clinical Pathologists, Nepal.

Interdepartment CME was also held on the occasion of International Pathology day, on 8th November 2023 with discussion on topics like “Signet ring

cell carcinoma of ovaries”, “Mucinous carcinoma in adolescence” and “Histopathology of Sertoli cell tumor of the ovary”.

Clinical audit of FY 2080/81





Unit A Audit of FY 2080/081

Unit Chief and Sr Consultant Dr Atit Poudel

Senior Consultant Dr Jhuma Silwal

Senior Registrar Dr Shree Ram Khadka

Registrar Dr Babita Shah

Sr House Officers Dr Barun, Dr Aparna, Dr Yasmin, Dr Sabina

Residents: Dr Sujan/ Dr Prasamsha/ Dr Pooja/ Dr Nirjita/ Dr Ausar

Group A is the group working closely and actively involved in sharing of clinical skills and up-to-date knowledge. We have been practicing Early recovery after Surgery (ERAS) among the intraoperative and post operative patients, and plan to implement in preoperative too. We are actively doing open and minimally invasive surgeries. Senior Consultant Dr Jhuma Silwal and Senior Registrar Dr Shree Ram Khadga had training in India for the minimally invasive surgery. Our working schedules is

Sunday: 24 hours duty

Monday: Post duty and rounds

Tuesday: Gynaecology OPD

Wednesday: Preoperative discussion and Abortion services

Thursday: Gynaecology Operation Day

Friday: Antenatal OPD

Saturday: 24 hours duty on rotation and Rounds

Routine Gyanecological Surgeries		
SN	Open Surgeries	Numbers
1	Total abdominal hysterectomy with BSO/USO	52
2	VH with PFR	34
3	TLH converted to Open hysterectomy	1
4	Staging Laparotomy	5
5	Radical vulvectomy with bilateral inguinal lymph node dissections	1
7	Tubal Recanalization	2
8	Myomectomy	4
9	Laparotomy & Cystectomy	8
10	Exploration with bowel repair	1
11	MVA turn to Laparotomy and myomectomy	1
12	Salpingectomy	4

Routine Gyanecological Surgeries		
SN	Open Surgeries	Numbers
13	Colpo-perineorrhaphy	7
14	Laparotomy	2
	Total	122
Minimally Invasive Gyane Surgeries		
S.N	Procedure	Number
1	Total Laparoscopic Hysterectomy with/without BSO	7
2	Laparoscopy & Cystectomy	21
3	Laparoscopy Salpingectomy	1
4	Hysteroscopic septal resection for complete septate uterus	2
5	Diagnostic hysterom-laparoscopy	2
6	Diagnostic hysteroscopy	6
7	Laparoscopic myomectomy	2

Routine Gynecological Surgeries

SN	Open Surgeries	Numbers
8	Laparoscopic Salpingoopherectomy	1
9	Diagnostic Laparoscopy	2
	Total	44
	Total Major Cases= 122 open + 44 minimal ascases	166

Routine OT Minor Procedure

SN	Procedure	Number
1	MVA	33
2	IUCD removal	5
3	Hysteroscopic Guided Endometrial biopsy	1
4	Labial cyst excision	4
5	Vulval biopsy	4
6	Cervical biopsy	11
7	EUA	7
8	Polypectomy	23
9	Resuturing	5
10	I & D	1
11	Suction & Evacuation	8
12	Endometrial biopsy	107
13	Marsupialization	7
14	Minilap	1
15	Vaginal Myomectomy	3
16	LEEP	2
17	Old perineal tear repair	6
18	Exploration	3
19	Hysteroscopic Guided polypectomy	2
20	Debridment	3
	Total	236

Emergency Major OT Procedure

S.N	Procedure	Number
1	Laparotomy with bilateral salpingectomy	29
2	Laparotomy with myomectomy	1
3	TAH with BSO	1
	Total	31

Emergency Minor OT Procedure

S.N	Procedure	Number
1	MVA	38
2	Hematoma Drainage	3
3	S & E	2
4	Exploration	12
5	Vaginal wall tear repair	5
6	4 th degree tear repair	2
7	3 rd degree tear repair	2
8	I & D	4
9	MRP	2
	Total	70

Vaginal Deliveries

S.N	Procedure	Number
1	ND	336
2	ND with 1 st degree tear	568
3	ND with 2 nd degree tear	257
4	ND with 3 rd degree tear	5
5	ND with 4 th degree tear	1
6	ND with EPI	2515
7	Preterm delivery	76
8	Vacuum delivery	6
9	ND with paraurethral tear	304
10	Breech	15
11	Twin	6
12	VBAC (1 CS + 2 CS)	2 + 1
13	Cervical tear	3
14	PPH	36
15	IUFD	13
16	Retained Placenta	1
17	Labor Analgesia with vaginal delivery	2
	Total	4147

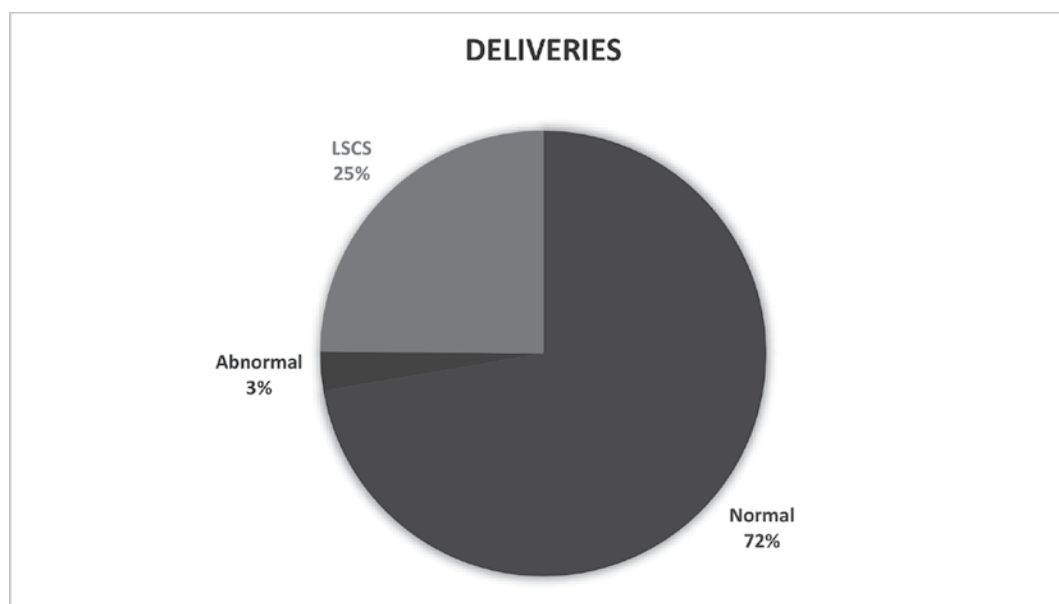
LSCS (Cesarean section)

S.N	Indication	Number
1	Previous CS	348
2	Previous 2 CS	23

LSCS (Cesarean section)		
S.N	Indication	Number
3	Meconium-stained liquor	264
4	Fetal Distress	139
5	Non-reactive CTG	50
6	Oligohydromnious	47
7	Cephalopelvic disproportion	67
8	Failed IOL	59
9	Non progress of labour	20
10	Deep Transverse Arrest	23
11	Antepartum Hemorrhage	19
12	Severe PE	31
13	Cord prolapses	3
14	Twin	42
15	Placenta Previa	4

LSCS (Cesarean section)		
S.N	Indication	Number
16	MISC	51
17	Intra uterine growth retardation	5
18	Chorioamnionitis	8
19	Malpresentation	72
20	Post partum hemorrhage	96
	Total	1371

Deliveries		
SN	Type	No. of deliveries
1	Normal	3991
2	Abnormal	156
3	CS	1371
	Total	5518



Unit B Audit of FY 2080/081

Chief consultant: Dr. Shree Prasad Adhikari

Senior consultant: Dr. Nisha Rai

Consultant: Dr Alka Shrestha

Registrar: Dr. Manisha Yadav / Dr. Bhawani Shilpakar

SHO: Dr. Sumita/Dr.Anita/Dr.Himadrija/Dr. Rakshya

MD residents: Dr.Pranish/Dr.Aliza/Dr.Sonam/Dr.Anjala/Dr.Kiran/Dr.Preeti

Intern: Dr. Sanjay

Group B of Paropakar Maternity and Women's Hospital is basically focused on minimally invasive surgery, infertility and urogynecology services. This unit has a team of fifteen members who has weekly schedule as follows:

Sunday: Antenatal OPD

Monday: 24 hours duty

Tuesday: Post duty

Wednesday: Gynecology OPD

Thursday: Grand round, Bedside class, SAS, Family planning and co-duty

Friday: Operation day

Saturday: Ward round+24 hours duty on rotation basis

Procedures performed by Group B on FY 2080/081 in elective OT:

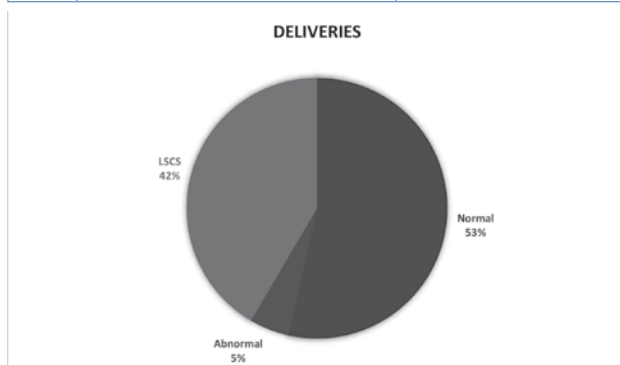
Major surgeries		
SN	Procedure	Numbers
1	Total laparoscopic hysterectomy	5
2	Laparoscopic salpingoopherectomy	3
3	Laparoscopic cystectomy	8
4	Diagnostic hysteroscopy and laparoscopy	6
5	Total abdominal hysterectomy and b/l salpingoopherectomy	51
6	Staging laparotomy	3
7	Vaginal hysteroscopy with pelvic floor repair	36
8	Myomectomy	12
09	Cystectomy	10
10	Trans obtural tape (TOT)	3
11	Lefort colpocleisis	1

Major surgeries		
SN	Procedure	Numbers
13	Laparotomy for ectopic pregnancy	39
	Total	177

Minor procedures		
SN	Procedure	Numbers
1	Endometrial biopsy	94
2	Mva	67
3	Copper-t removal	9
4	Hysteroscopic guided polypectomy	5
5	D and c	3
6	Cervical biopsy	19
7	Polypectomy	6
8	Resuturing	9
9	I and D	11
10	Suction and evacuation	15
11	Mini lap	3
12	Marsupialization	10

Minor procedures		
SN	Procedure	Numbers
13	LEEP	2
14	Exploration	2
15	Obstetric anal sphincter injury Repair (OASIS)	16
	Total	271

DELIVERIES		
	Type of delivery	No of deliveries
1	Normal deliveries	2162
2	Abnormal deliveries	200
3	Caesarean Section	1678
	Total	3840



Indications of cesarean section:

	Indication	
Minor procedures		
SN	Procedure	Numbers
1	Endometrial biopsy	94
2	Mva	67
3	Copper-t removal	9
4	Hysteroscopic guided polypectomy	5
5	D and c	3
6	Cervical biopsy	19
7	Polypectomy	6
8	Resuturing	9
9	I and D	11
10	Suction and evacuation	15
11	Mini lap	3
12	Marsupialization	10
13	LEEP	2
14	Exploration	2
15	Obstetric anal sphincter injury Repair (OASIS)	16

	Total	271
1	Previous cs	398
2	Previous 2 cs	49
3	Fetal distress	514
4	Cephalopelvic disproportion	84
5	Antepartum Hemorrhage	36
6	Deep Transverse Arrest	20
7	Non-Reactive CTG	109
8	Non progress of labour	28
9	Oligohydramnios	92
10	Breech presentation	90
11	Failed Induction of labour	81
12	Active genital warts	3
13	Sever PE with unfavorable cervix	58
14	Twin pregnancy	29
15	Cord prolapses	6
16	Chorioamnionitis	11
17	Transverse lie	12
18	Face presentation	2
19	H/O myomectomy	4
20	Bicornuate uterus	1
21	Placenta previa	14
22	Primary subfertility	25
23	Intra uterine growth retardation	5
24	Bad obstetric history	8
	Total	1679

Vaginal delivery:

SN	Type	Numbers
1	ND	305
2	ND with 1 st degree tear	834
3	ND with 2 nd degree tear	254
4	ND with 3 rd degree tear	6
5	ND with 4 th degree tear	3
6	ND with episiotomy	545
7	Preterm Delivery	102
8	Forceps Delivery	4
9	Vacuum Delivery	17
10	Vaginal Breech Delivery	8
11	Twin	11
12	Vaginal births after prev c section	5
13	Post partum hemorrhage	33
14	Intra uterine fetal death	35
	Total	2162

Unit C Audit FY 2080/081

Senior Consultant: Prof. Dr. Madhu Shrestha

Senior Consultant: Prof Dr. Beemba Shakya

Senior Registrar: Dr Reeka Pradhan

Registrar: Dr Ashwani Shrestha

SHO: Dr Babina, Dr Sujita, Dr Mandakini,

Residents: Dr. Shreya, Dr. Karuna, Dr. Kamal Karki, Dr. Naincy, Dr. Siyasharan, Dr. kriti, Dr. Reshma

The unit services are as

Antenatal OPD on Mondays

Gynaecology OPD on Thursdays

24 hours duties on Tuesdays

Gynecological OT on Sundays

Comprehensive abortion services on Fridays

The unit basically focuses on minimally invasive surgeries, and is committed to improve the skill and services and contribute to betterment of women's health.

List of major gynecological procedure

SN	Procedure	No.
1.	Total Abdominal Hysterectomy	40
2	Vaginal hysterectomy	13
3	Laparotomy	49
4	Myomectomy	11
5	Staging laparotomy	8
6	Cystectomy	7
7	Diagnostic Hystero-laparoscopy	4
8	Laparoscopic Cystectomy	2
9	Colporrhaphy	1
10	TOT	1
11	Sacro spinal fixation	2
12	Colpocleisis	1
13	Fothergill Repair	1
	Total	140

SN	Procedure	No.
5	Endometrial biopsy	77
6	Cervical biopsy	10
7	Resuturing	19
8	Cervical Polypectomy	15
9	LEEP	8
10	Granuloma Excision	1
11	Tear repair	10
12	Copper T removal	8
13	Marsupialization	5
14	Vulvar biopsy	3
15	Manual Removal of Placenta	1
16	Incision and Drainage	4
17	Examination under anesthesia	3
	Total	284

List of minor gynecological procedure

SN	Procedure	No.
1	Manual vacuum aspiration	80
2	Suction and Evacuation	10
3	Exploration	28
4	Endocervical Curettage	2

List of Cesarean section

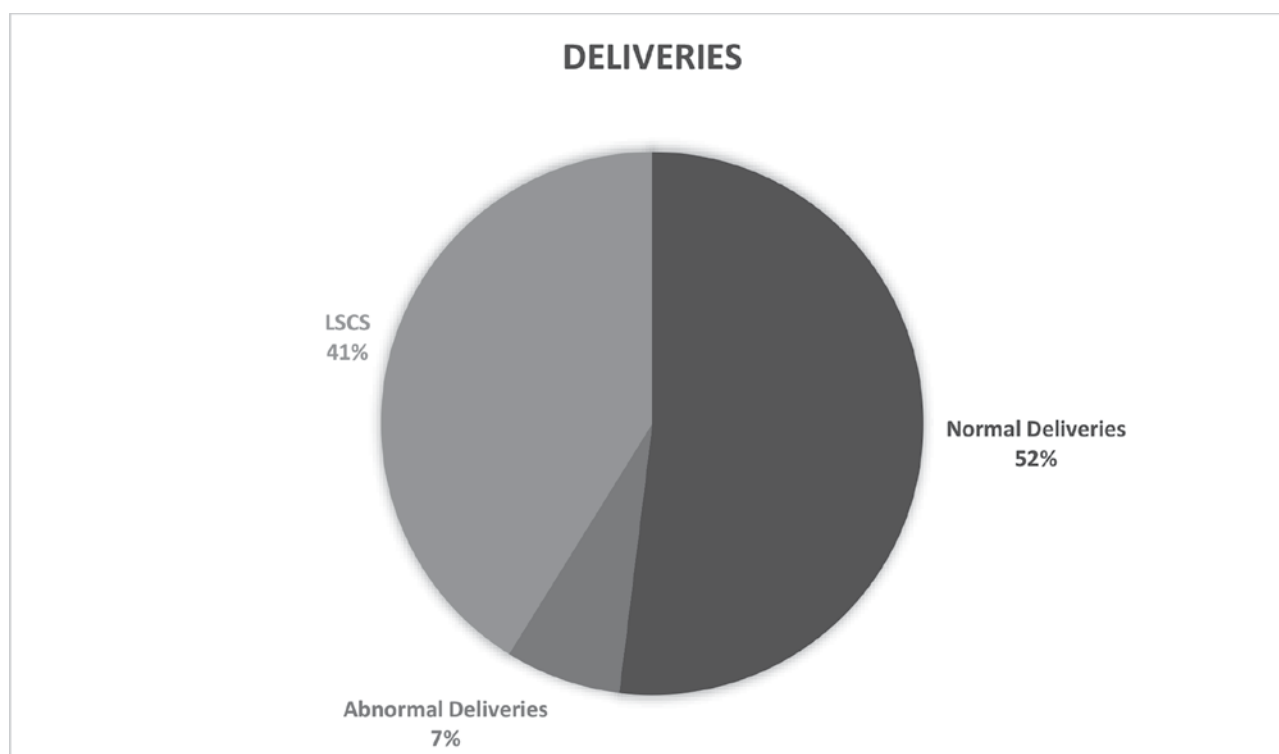
SN	Indications	No.
1	Fetal distress	420
2	Previous Cesarean section	313

SN	Indications	No.
3	Primary Subfertility	22
4	Severe PE with unfavorable cervix	23
5	Antepartum hemorrhage	12
6	Cephalopelvic disproportion	58
7	Second Stage	18
8	Non progress of labor	22
9	Failed induction of labor	55
10	Malpresentation	75
11	Oligohydramnios	44
12	Twins	22
13	Cord prolapse	3
14	Placenta Previa	20
15	Placenta Accreta	1
16	h/o Myomectomy	1
17	Chorioamnionitis	6
	Total	1115

List of vaginal deliveries

SN	Conditions	No.
1	Normal delivery	526
2	ND with 1 st degree Tear	430
3	ND with 2 nd degree Tear	452
4	VD with PPH	26
5	Vaccum delivery	29
6	Preterm vaginal delivery	88
7	IUFD	15
8	Vaginal breech delivery	11
9	Retained placenta	5
10	Twins	9
	Total	1591

SN	Deliveries	Number
1	Normal Deliveries	1408
2	Abnormal Deliveries	187
3	LSCS	1115
	Total Deliveries	2710



Unit D Audit of FY 2080/081

Sr Consultant Dr Meena Jha

Sr Consultant Dr Sapana Amatya Vaidya

Sr Consultant Dr Jwala Thapa

Consultant Dr. Deepti Dwa Shrestha

Sr Reg. Dr. Anita Maharjan

Reg Dr Meeta Thapa

SHO Dr Srijana Joshi, Dr Srijana Singh, Dr Ashika Mahaseth

MD Resident

Dr. Basanta, Dr. Samima, Dr Kamaldeep, Dr. Vikram, Dr. Priyam, Dr. Shanti, Dr. Suvekshya

Unit D of Paropakar Maternity and Women's Hospital is a team of sixteen members who has weekly schedule as below:

- Sunday: Comprehensive abortion care, family planning, pre-op rounds and bed side classes for residents
- Monday: Surgery day (Major and Minor)
- Tuesday: ANC OPD
- Wednesday: 24 hour duty
- Thursday: Post duty
- Friday: Gynae OPD
- Saturday: holiday+ 24 hour duty on rotation basis

Unit D is one of six groups within the PMWH Obstetrics and Gynecology Department. The team operates with great harmony and dedication, efficiently managing daily academic and other activities. The unit comprises a unit chief, senior consultants, a consultant, a senior registrar, a registrar, a senior medical officer, and residents in Gynaecology and Obstetrics from the National Academy of Medical Sciences. In addition to their regular duty schedule from Sunday to Friday, the team actively participates in teaching and learning activities for postgraduate and fellow students and is always eager to engage in research activities. We hold regular CME sessions on Wednesday, which we all participate in with great enthusiasm.

Unit D Statistics (Shrawan 2080 to Asadh 2081)

SN	List of Major Gynae Procedure	Numbers
1	TAH with BSO	58
2	Laparotomy for ectopic	34
3	Laparotomy for ovarian cystectomy	13
4	VH with PFR	31
5	Staging Laparotomy	14
6	Diagnostic Laparoscopy	3
7	Hysteroscopy	8

SN	List of Major Gynae Procedure	Numbers
8	Myomectomy	19
9	TLH	11
10	Colporrhaphy	5
11	Emergency Laparotomy	6
12	Radical vulvectomy	1
13	Radical Hysterectomy	4
14	Debulking surgery	3
	Total	210

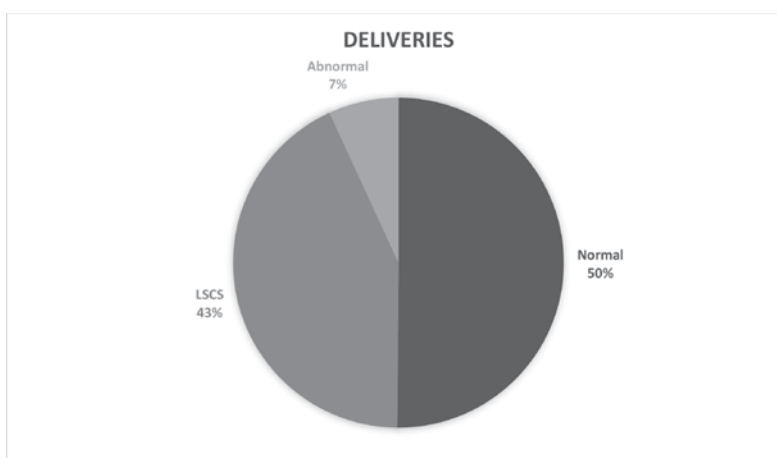
SN	Gynae Minor Procedure	Numbers
1	Endometrial Biopsy	90
2	MVA	95
3	Cervical Polypectomy	28
4	Suction and Evacuation	9
5	Resuturing	16
6	Marsupialization	12
7	Copper T Removal	10
8	Exploration	6
9	LEEP	8
10	Minilap	5
11	Tear Repair	8
12	Hematoma Evacuation	2
13	Abscess Drainage	2
14	MRP	1
15	Cone biopsy	3
16	Vulval biopsy	2
17	Misc	1
	Total	298

Deliveries		
SN	Type	Number
1	Normal	1425
2	Abnormal	195
3	LSCS	1223
	Total	2843

SN	Total Deliveries	MNSC	LR	
1	ND	63	208	271
2	ND with Episiotomy	163	235	398
3	ND with 1st degree tear	231	295	526
4	ND with 2nd degree tear	103	127	230
5	ND with 3rd degree tear	0	3	3

SN	Total Deliveries	MNSC	LR	
6	ND with 4th degree tear	1	3	4
7	Preterm	12	76	88
8	PPH	13	19	32
9	IUFD	2	27	29
10	Vacuum	6	14	20
11	Forcep	0	3	3
12	Breech	0	6	6
13	Twin	0	4	4
14	Cervical tear	1	1	2
15	VBAC	0	4	4
	Total			1620

SN	Indication of CS (Total CS)	Numbers
1	Previous CS	305
2	Previous 2 CS	18
3	Fetal Distress	158
4	NRCTG	98
5	MSL	274
6	Oligohydramnios	52
7	CPD	54
8	IUGR	6
9	Failed IOL	45
10	Non-progress of Labor	19
11	Breech	51
12	Deep Transverse Arrest	21
13	APH	35
14	Severe PE	44
15	Chorioamnitis	2
16	Cord Prolapse	4
17	Twin Pregnancy	23
18	Misc	14
	Total	1223



Unit E Audit of FY 2080/081

Unit Chief: Chief Consultant Dr Sandesh Paudel

Chief consultant: Dr. Praveen Mandal

Senior Consultant: Dr Anamika Jha

Registrar: Dr. Madhu Shakya, Dr. Tripti Shrestha

SHO: Dr. Suprava/Dr. Sanam/Dr.Prerana/Dr. Ashish

MD residents: Dr.Ranju/Dr.Ranjit/Dr.Kalpana/Dr Noori/ Dr. Ashok

Group E of Paropakar Maternity and Women's Hospital is a team of enthusiastic and energetic members basically focused on minimally invasive surgery and urogynaecology services and to serve the needful.

This unit has a team of fourteen members who has weekly schedule as follows:

Sunday: Gynae OPD

Monday: Grand round, bedside class, SAS, family planning and co-duty

Tuesday: OT day

Wednesday: ANC OPD

Thursday: 24hr duty

Friday: Post duty

Saturday: Ward round + 24hr duty on rotation basis

SN	Major Surgical Procedures	Numbers
1.	TLH	12
2.	TAH ± BSO	15
3	VH	35
4	Myomectomy (Open)	17
5	Myomectomy (Laparoscopic)	8
6	Laparotomy	26
7	Laparoscopic cystectomy	15
8	Staging laparotomy	8
9	TOT	1
10	SSF	1
11	Colporrhaphy	2
12	Hysteroscopy	14
13	Vaginal Myomectomy	3
	Total	157

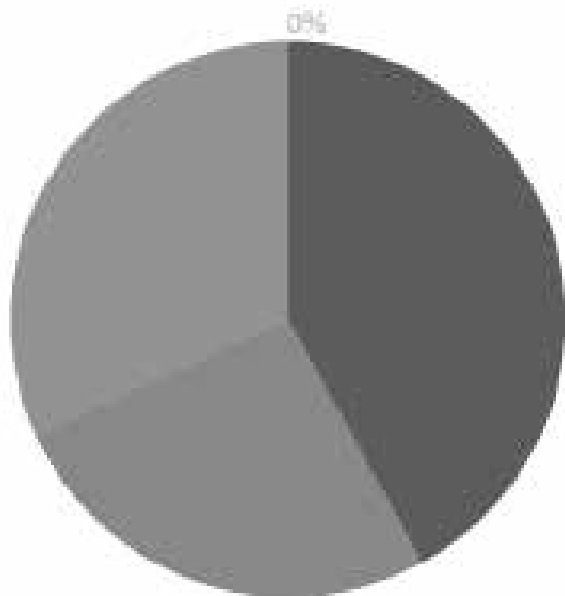
SN	Minor surgical procedure	Numbers
1	Endometrial Biopsy	114
2	Suction and Evacuation	17
3	MVA	35
4	Cervical Biopsy	7

SN	Minor surgical procedure	Numbers
5	Incision and Drainage	2
6	LEEP	4
7	Re-suturing	15
8	Cu-T removal	10
9	FB removal	2
10	Polypectomy	21
11	Valval Biopsy	4
12	Marsupilization	4
13	EUA	2
14	Minilap	2
	Total	239

Deliveries

SN	Type of Deliveries	Numbers
1	Normal Deliveries	1909
2	Abnormal Deliveries	262
3	LSCS	1188
	Total	3359

DELIVERIES



SN	Indications of LSCS	Number
1	Previous CS	323
2	Previous 2 CS	33
3	Fetal Distress	329
4	CPD	79
5	DTA	2
6	Breech Presentation	76
7	APH	18
8	NPOL	13
9	NRCTG	68
10	Oligohydramnios	60
11	Twin	34
12	Failed IOL	56
13	Chorioamnionitis	20
14	Cord Prolapse	3
15	Compound Presentation	1
16	Transverse lie	2
17	Severe PE	38
18	IUGR	7

SN	Indications of LSCS	Number
19	Advanced Maternal Age	13
20	Face presentation	1
21	IUFD	2
	Total	1178

SN	Deliveries	Number
1	NVD	1909
2	VD with PPH	30
3	Vacuum Delivery	30
4	Preterm Delivery	126
5	IUFD	22
6	Vaginal Breech Delivery	11
7	III rd /IV th Degree Perineal Tear	10
8	VBAC	7
9	Forceps	2
10	Retained Placenta	20
11	Shoulder dystocia	1
12	Face to pubis delivery	1
13	Twin	2
	Total	2171

Unit F Audit of FY 2080/081

Unit Chief Sr. Consultant Dr Shanti Shrestha
 Sr. Consultant Dr Jasmine Shrestha
 Sr. Consultant Dr Hari kumar Shrestha
 Senior Reg. Dr Snigdha Rai & Reg. Dr Sony Newa
 SHO Dr Goma, Dr Deeksha, Dr Renuka, Dr Krishna
 MD Residents Dr Yashu, Dr Sunita, Dr Shankar, Dr Indrani, Dr Shristi

Group F of Paropakar Maternity and Women's Hospital is a team of fourteen members who has weekly schedule as below:

- Sunday: Post duty
- Monday: Gynae OPD
- Tuesday: Comprehensive abortion care, family planning, pre-op rounds and bed side classes for residents
- Wednesday: Surgery day (Major and Minor)
- Thursday: ANC OPD
- Friday: 24 hrs Duty
- Saturday: Post-Duty

Apart from regular schedule duty from Sunday to Friday the team is also involved in teaching and learning activities of post graduate students and is always eager to be part of research activities. Our group had conducted CME on topic cervical cancer during pregnancy.

Routine OT Minor Procedure		
SN	Procedure	Number
1	MVA	93
2	IUCD removal	10
3	Vulval biopsy	2
4	Cervical biopsy	15
5	Evaluation under anesthesia	4
6	Polypectomy	13
7	Resuturing	18
8	I & D	17
9	Suction & Evacuation	18
10	Endometrial biopsy	72
11	Marsupialization	8
12	Minilap	11
13	Cervical cerclage	1
14	LEEP	4
15	Exploration	29
16	Debridement	3
17	Miscellaneous	3

	Total	321
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Emergency Major OT Procedure		
S.N	Procedure	Number
1	Laparotomy with right & left salpingectomy	34
3	Cesarean hysterectomy	3
	Total	37

Emergency Minor OT Procedure		
S.N	Procedure	Number
1	MVA	35
2	Hematoma Drainage	2
3	S & E	4
4	Exploration	11
5	Vaginal wall tear repair	2
6	4 th degree tear repair	3
7	3 rd degree tear repair	8
8	I & D	3

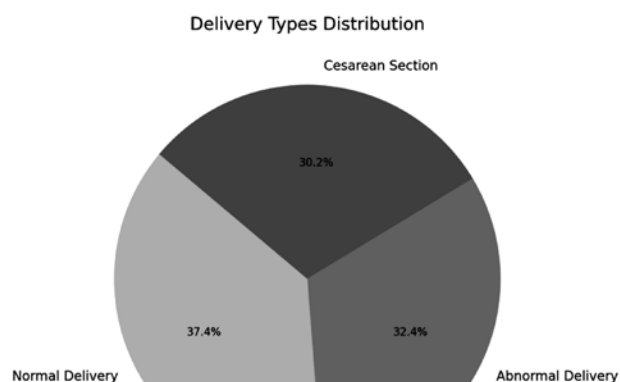
Emergency Minor OT Procedure		
S.N	Procedure	Number
9	MRP	4
	Total	69

SN	Total Deliveries	MNSC	LR	Total
1	ND	169	264	433
2	ND with Episiotomy	254	290	544
3	ND with 1st degree tear	323	377	700
4	ND with 2nd degree tear	98	146	244
5	ND with 3rd degree tear	1	4	5
6	ND with 4th degree tear	0	3	3
7	Preterm	15	51	66
8	PPH	13	17	30
9	IUFD	1	16	17
10	Vacuum	7	6	13
11	Forcep	1	1	2
12	Breech	1	1	2
13	Twin	1	3	4
14	Cervical tear	0	1	1
15	VBAC	0	1	1
16	Retained Placenta	2	3	5
	TOTAL	886	1184	2070

LSCS (Cesarean section)		
S.N	Indication	Number
1	Prev CS	435
2	Prev 2 CS	32
3	MSL	339
4	Fetal Distress	185
5	NRCTG	93
6	Oligohydromnious	53
7	CPD	116
8	Failed IOL	78
9	NPOL	21
10	DTA	11

LSCS (Cesarean section)		
S.N	Indication	Number
11	APH	28
12	Severe PE	45
13	Cord prolapses	7
14	Twin	24
17	IUGR	3
18	Chorioamnionitis	6
19	Malpresentation	92
20	Miscellaneous	39
	Total	1676

Delivery		
SN	Type	Number
1	Normal	2070
2	Abnormal	120
3	CS	1676
	Total	3866



Hospital Records of F/Y (2080/081)

(Established in 10th Bhadra of 2016)

Juna Tamang
Kamala Chaudhary
Mandira Shrestha
Bimala Poudel
Alina Oli

Sanction Bed	415
Running Bed	489 (From 2075/3/27)

Hospital Services Milestone		
S.N.	Services	Date of Commencement
1	Outdoor Service	2019 BS
2	Baby Unit	2024 BS
3	Operation Theater	2037 BS
4	Post Abortion Care (PAC) Unit	2052 Jestha 14
5	MICU & NICU	2056 Bhadra 24
6	Comprehensive Abortion Care (CAC) Unit	2061 Chaitra 6
7	IUI Section	2063 Jestha 8
8	Birthing Center (MNSC)	2064 Mangshir 20
9	Ama Suakshya Program	2065 Magh 1
10	IVF	2068 Bhadra 8
11	Social Service Unit (SSU)	2070 Bhadra 12
12	Paying Clinic	2072 Ashadh 1
13	Waste Managment	2072 Bhadra 1
14	Nursing Campus	2073 Mangshir 26

Admission & Discharge (Indoor)		
S.N.	Indicator	2080/81
1	Total Admission	30952
a.	OBS Admission	25116
b.	GYN Admission	5836
2	Total Discharge	30589
a.	OBS Discharge	24999
b.	GYN Discharge	5860
3	Recovered Pts.	30419
a.	OBS Recovered Pts.	24697
b.	GYN Recovered Pts.	5722
4	Left Against Medical Advice (LAMA)	368
a.	OBS	258
b.	GYN	110
5	Absconded	36
a.	OBS	11
b.	GYN	25
6	Referred out	21
a.	OBS	18
b.	GYN	3
7	Referred in	534
a.	OBS	428
b.	GYN	106
8	Maternal Death (OBS)	2
9	Heli Rescue	50
10	Bed Occupancy Rate	96.82%

Admission & Discharge (PBU Unit)		
S.N.	Indicator	2080/81
1	Neonatal Admission	2787
2	Neonatal Discharge	2600

In Patient Surgeries			
S.N.	Surgery Cases (Operation)	2080/81	(%)
1	Total Surgery (OBS-GYN)	13303	
a.	Major Surgery (OBS-GYN)	11056	83.11%
b.	Minor Surgery (OBS-GYN)	2247	16.89%
2	Total Obs Surgery	10170	
a.	Major Surgery (LSCS)	9652	94.91%
b.	Minor Surgery (OBS)	518	5.09%
3	Total GYN Surgery	3133	
a.	Major Surgery	1404	44.81%
b.	Minor Surgery	1729	55.19%

Delivery Records			
S.N.	Diagnosis	2080/81	(%)
1	Total Obstetrics Cases	24999	
2	Total Non-delivery Cases	2620	
3	Total Delivery	22379	
a.	Normal Delivery	10587	47.31%
b.	Complicated Delivery	2140	9.56%
c.	LSCS	9652	43.13%

Birth Record (Fetal Outcome)		
S.N.	Indicators	2080/81
1	Total Birth	22613
a.	Male Birth	12056
b.	Female Birth	10556
c.	Ambiguous	1
2	Total Perinatal Death	438
3	Still Birth	319
a.	Macerated	292
b.	Fresh	27
4	Neonatal Death	167
5	Early Neonatal Death	119

Birth Record (Fetal Outcome)		
S.N.	Indicators	2080/81
6	Low Birth Weight Babies (<2.5kg)	2428
7	MICU Admission	454
8	Referred Out From MICU	44

Description of Deliveries		
S.N.	Diagnosis	2080/81
1	Total Delivery	22379
2	LSCS	9652
3	Total Complicated Delivery	2140
4	Instrumental Delivery	172 (0.7%)
a.	Vaccum Delivery	157
b.	Forceps Delivery	16
5	Premature Delivery	1505
a.	Preterm Del.	791
b.	LBW	714
6	Breech Delivery	58
7	Twin Delivery	232
a.	Vaginal Twin Delivery	55
b.	LSCS With Twin	177
8	Triplet Del. (LSCS)	1
9	Home Delivery Retained Placenta	32
10	3 rd degree tear	30
11	4th degree tear	15
12	Post Partum Hemorrhage (PPH)	1066 (4.7%)
a.	Vaginal Del. With PPH	272
b.	LSCS with PPH	804
13	Rupture Uterus	6

Cause of Maternal Mortality		
S.N.	Date of Death	Cause of Death
1	2080/06/17	? Amniotic Fluid Embolism
2	2081/03/03	MODS with DIC with Sepsis with IUFD

Abortion Related Services		
S.N.	Indicator	2080/81
1	D & C Cases OT	62
2	Total PAC Service in Emergency	522
3	Total CAC Service	1914

Top Ten Indications For Gynecological Admission

S.N.	Diseases	2080/81
1	Total Abortion	2190
2	Fibroid Uterus	270
3	Menstrual Disorder	481
4	Hyperemesis Gravidarum	417
5	Hydatidiform Mole	235
6	Uterovaginal Prolapse	252
7	Ectopic Pregnancy	255
8	Blighted Ovum	130
9	Adnexal Cyst	276
10	Cancer Cases	33

Outdoor Services

S.N.	Particulars	2080/81
1	Total Antenatal Cases	72025
a.	New Visit	18056
b.	Follow-Up	53969
2	Early Pregnancy	39131
3	Total GYN Cases	44109
4	STD	1870
5	Sub-Fertility	5009
6	Pediatrics	24575
7	Family Planning	4465
8	Paying EHS Service	15486

Outdoor Services

S.N.	Particulars	2080/81
9	USG	76641
10	X-RAY	5483
11	CT	289
12	ECG	1594
13	General medicine	9267
13	Mamogram	69
Total OPD Cases		194490

Social Service Unit (SSU)

	Free Service	2080/81
	Total SSU	1238
	Total OCMC	459

OPD Subfertility Unit

	Cases	2080/81
	Total Pateints	9011
	IUI performed	222
	IUI positive results	20
	IVF performed	20
	IVF positive result	1

Maternal Mortality

Year	Maternal Death	Total Live Birth	MMR/ 100,000 Live Birth
2080/81	2	22294	8. 97

Comparative Data of 5 years

Cases	2076/77	2077/78	2078/79	2079/80	2080/81
Total Admission	29934	28598	33855	34185	33739
Total Obstetric Cases	24219	23293	26292	26844	24999
Total Delivery	22461	22014	24369	24672	22379
Total GYN Cases	4037	3252	4994	5002	5860
Total Major Operation	8716	8757	10434	11104	11056
Total Minor Operation	2261	2204	2180	2271	2247
Total LSCS	7975	8723	9118	9821	9652
C/S Rate	36.00%	39.62%	37.41%	39.81%	43.13%
Total CAC Service	1114	916	1483	1779	1914
	2076/77	2077/78	2078/79	2079/80	2080/81
Perinatal Mortality Rate	27. 23	27. 74	36. 0	22. 0	19. 37

Paying Clinic (Extended Health Services)

Hajir Man Rai

In charge (OPD/OT Team)

Paropakar Maternity and Women's Hospital (PMMH) was established in 2016 B.S. While the hospital is celebrating its 65th anniversary, in addition to the existing services Extended Hospital Service (EHS) is running for last 10 years. This service was started from 2072 Bhadra 1. The number of patients entitled to such services has been increasing consistently. Furthermore, EHS is the first of its kind provided by the Government of Nepal and the Ministry of Health and Population.

Category	Procedure	Anesthesia
A-Minor	Biopsy, MVA, Polypectomy	Local
B-Minor	CAC, MVA, Evacuation, Marsupialization	IVA
C-Intermediate	LEEP, 2 nd Tri- Abortion, Diagnostic Hysteroscopy, Hysteroscopic CU T removal & endo Biopsy	SAB/ Saddle/IVA
D-Major	Hysterectomy, Recanalization, Laparotomy, Myomectomy, POP (Except Vault prolapse) Major operative Hysteroscopy (Myomectomy/ polypectomy) Diagnostic Hystero Laparoscopy (DHL, Diagnostic Laparoscopy)	SAB/GA
E-Major	Surgery for Vault prolapse	GA
F-Major	Radical Oncosurgery, Fistula surgery	Epidural/ GA/ SAB

Category	Procedure	Anesthesia
I-Major	Laparoscopy (Operative) TLH, Lap Myomectomy, Lap. Burch colposuspension	GA
H-Obstetrics (Free Scheme)	CS, Laparotomy (Ectopic)	SAB/GA

Our EHS OPD starts at 3 p.m. and continues till 6 PM, when consultant doctors conduct check-ups and provide services through a paying clinic. Likewise, to provide longer duration of hospital service, hospital management had made provision for Senior Registrar Doctor for the EHS and is in final stage for the Registrar and Senior House Officers to start EHS in the morning shift. EHS scheduled operation (EHS O.T) services is provided before 9 am and after 3 pm upon the availability of slots. This service is provided in the existing operating rooms of Prasuti Griha Hospital. Following meeting of EHS management comitee the price of the ticket is Rs 550 and the pre-anesthesia checkup is Rs 550 is fixed for the current fiscal year. Inquiries regarding the services could be made from the hotline no. 014253277. In addition to clinical services, Pediatrician and Physician doctor's EHS has been added to the regular EHS schedule. The other departments like Radiology and Pathology are providing the EHS services. Fetal and maternal echo cardiography is well running. To encourage all staffs, 10% of the total revenue generated is distributed among them in proportion. Following are the monthly data from Shrawan 2080 to Asar 2081.

2081 \2082
PAROPAKAR MATERNITY AND WOMEN'S HOSPITAL, THAPATHALI

"Total Laparoscopy cases"

	Srawan 2080	Bhadra 2080	Asoj 2080	Kartik 2080	Mangsir 2080	Poush 2080	Magh 2080	Falgun 2080	Chaitra 2080	Baisakh 2081	Jestha 2081	Asar 2081	Total
TLH	14	7	6	3	5	9	4	11	6	0	1	0	66
Lap. Cystectomy	10	7	6	4	9	9	8	14	8	3	6	8	92
Lap. Myomectomy	1	1	0	2	0	2	1	1	0	0	0	0	8
Hysteroscopy	8	14	5	5	5	4	3	9	1	4	9	5	72
DHL	6	2	0	1	1	0	6	1	1	2	13	4	37
Lap. Salpingectomy	0	0	0	0	0	0	0	1	0	0	0	0	1
Total	39	31	17	15	20	24	22	37	16	9	29	17	276

2081/2082
PAROPAKAR MATERNITY AND WOMEN'S HOSPITAL, THAPATHALI

"EHS paying clinic statistics are given below"

Month	OPD (case)	A-Minor	B-Minor	C-Intermediate	D-Major	E-Major	F-Major	I-Major	Total
Sharwan	1423	10	17	9	16	0	5	20	1500
Bhadra	1279	12	15	7	15	1	6	11	1346
Ashoj	1335	11	5	5	14	1	6	7	1384
Kartik	843	4	2	3	5	1	1	6	865
Mangsir	1269	6	14	4	13	1	5	9	1321
Poush	1270	8	13	6	14	2	3	13	1329
Magh	1242	4	10	4	6	4	9	6	1285
Falgun	1264	5	12	9	8	2	7	11	1318
Chaitra	1181	7	8	7	15	2	8	6	1234
Baishakh	1354	8	22	5	20	0	2	0	1411
Jestha	1588	23	27	15	17	0	13	3	1686
Asar	1438	10	29	8	17	5	7	5	1519
Total	15486	108	174	82	160	19	72	97	16198

स्पतालमा आधारित लैंगिक हिंसा एकद्वार संकट व्यवस्थापन केन्द्र (OCMC) OCMC परिवार

नेपालको सर्विधान धारा (३८) (३) मा महिलाको हक अन्तर्गत महिला विरुद्ध धार्मिक, सामाजिक, साँस्कृतिक परम्परा, प्रचलन वा कुनै आधारमा हिंसाजन्य कार्य वा शोषण गरिने छैन भनी सुनिश्चित गरिएको छ। त्यसै अनुरूप नेपाल सरकारले आफ्नो हरेक वर्षको निती तथा कार्यक्रम मार्फत महिला विरुद्ध हुने सबै प्रकारका हिंसा र विभेदलाई अन्त्य गर्ने प्रतिवद्धता व्यक्त गर्दै आएको छ।

विश्वमा अन्य धेरै देशहरूमा जस्तै नेपालमा पनि धेरै घट्ने तर घटेको संख्याको तुलनामा थोरैमात्र बाहिर आउने घटना लैङ्गिक हिंसाको घटना हो। कुनै पनि पुरुष / महिला वा तेश्रो लिंगीको आधारमा गरिने हिंसालाई लैङ्गिक हिंसा भनिन्छ।

बोलिचालीको भाषामा लैङ्गिक हिंसा भन्नाले महिला माथि हुने शारीरिक मानसिक यौनजन्य, कुरीतिजन्य, नियन्त्रणजन्य हिंसा नै बुझिन्छ।

कुनै पनि महिला आफ्नो जन्म पूर्व भ्रूणको अवस्था देखि बालिक वयस्क हुँदै बुद्धयौली अवस्था सम्म हिंसामा पर्ने सम्भावना रहिरहन्छ। लैङ्गिक हिंसा समानता, विकास, शान्तीको बाधक तत्व हो। यसले पिडितलाई मात्र नभई निजको परिवार र समाजलाई नै गम्भिर रूपमा नकारात्मक प्रभाव पार्दछ।

लैङ्गिक हिंसामा परेका पिडित उपचारको लागि सर्वप्रथम अस्पताल आउने हुँदा लैङ्गिक हिंसालाई प्रभावकारी र दक्षता पूर्वक सम्बोधन गर्नको लागि जिल्ला, अस्पताल, स्वास्थ्य

संस्थाको हकमा केन्द्रिय अस्पतालहरूमा वि.स.२०६९ साल देखि OCMC केन्द्रहरू स्थापना गरि आर्थिक योजना वर्ष २०८१/२०८२ सम्ममा आइपुग्दा ७ प्रदेशमा ९४ वटा अस्पतालमा आधारित लैङ्गिक हिंसा सम्बन्धी एकद्वार संकट व्यवस्थापन केन्द्र (Hospital Based One Stop Crisis Management Center OCMC) को स्थापना भएको छ।

२०६९ साल असार महिनामा स्थापना भई परोपकार प्रसुति तथा स्त्री रोग अस्पतालमा (अस्पतालमा उपचारित लैङ्गिक हिंसा एकद्वार संकट व्यवस्था केन्द्र) ले आफ्नो १२ वर्षको कार्यकाललाई समाप्त गरि १३ वर्षको दौडमा पनि सुचारु रूपले हिंसा पिडित महिला तथा बालबालिकाहरू, पुरुष, तेस्रो लिंगीलाई समेत सेवा दिदै आइरहेको छ।

स्वास्थ्य तथा चिकित्सा जन्य कानुनी सेवा, मनोसामाजिक परामर्श सेवा सुरक्षा, सुरक्षित आवास गृह र पुर्न स्थापना केन्द्र, कानुनी परामर्श र उपचार, पुर्नस्थापना सुचना, शिक्षा तथा शशक्तिकरण सबै सेवाहरू निशुल्क रूपमा पिडितले प्राप्त गर्दै आइरहेको छ।

❖ २४ घण्टा नै OCMC खुल्ला रहने भएकाले कुनै पनि हिंसा पिडितले सेवा र सुविधा प्राप्त गर्न सकिन्छ।

२०८०/२०८१ सम्म यस OCMC मा सेवा लिन आउने हिंसा पिडितको संख्या यस प्रकारको रहेको छ।

आ.व. २०८०/०८१ को (२०८० श्रावण देखि २०८१ असार मसान्त सम्म) एकद्वार संकट व्यवस्थापनकेन्द्रको संक्षिप्त विवरण

१. हिंसा पिडितको संख्या (लिङ्ग तथा उमेरको आधारमा)

आर्थिक वर्ष आ. व. २०८०/०८१							
पूरा मिति	लिङ्गको आधारमा		उमेरको आधारमा				
	म	पु	०-५ वर्ष	६-१० वर्ष	११-१८ वर्ष	१९-५९ वर्ष	६० वर्ष माथिको
२०८०/०८१	✓	✓	८	१८	२१८	२१९	०

जम्मा - ४६३

२. हिंसाका प्रकारहरू

पूरा मिति	बलात्कार	यौनजन्य दुर्व्यवहार (Attempt to rape)	शारीरिक हिंसा	मानसिक हिंसा	सेवा, सुविधा तथा अधिकारवाट बन्चित Domestic Violence	बलविवाह, बहुविवाह	बेचबिखन (चेलीवेटी)	जम्मा
२०८०/०८१		४३९	३	५	११	१	४	४६३

३. रिफर भई आएका

पुरा मिति	आफै साथी मार्फत	नातेदार प्रहरीबाट	सेवा केन्द्रबाट	अस्पताल भित्रैबाट	गैरसरकारी संस्था (NGO) बाट	स्वास्थ्य संस्थाबाट रिफर भएर आएको	अन्य (खुलाउनु होस्)	जम्मा
२०८०/०८१	११८		३११		१.राष्ट्रिय महिला आयोग- १ २.एपोरेन संस्था -२ ३.बेथानी भिजन नेपाल - ४ ४.महिला बालबालिका तथा जेष्ठ नागरिक सेवा केन्द्र -१ ५.बाल हेल्प लाइन नेपाल-१ जम्मा -९	१.पाटन ओ.सी.एम.सी-६ २.धादिङ्ग ओ.सी.एम.सी-२ ३.मन्थली ओ.सी.एम.सी-१ ४.खोटाङ ओ.सी.एम.सी-५ ५.लम्जुङ ओ.सी.एम.सी-१ ६.सिन्धुली ओ.सी.एम.सी-३ ७.भोजपुर क्लिनिक-१ ८.त्रिशुली ओ.सी.एम.सी-१ ९.ओखलढुङ्गा ओ.सी.एम.सी-१ १०.भक्तपुर ओ.सी.एम.सी-१ ११.ट्रमा ओ.सी.एम.सी-१ १२.विर ओ.सी.एम.सी-१ १३.कान्ति ओ.सी.एम.सी-१ जम्मा -२५		४६३

४. उपचार पश्चात रिफर गरिएको

पुरा मिति	परिवारको जिम्मा	प्रहरी कार्यालय	पुनःस्थापना केन्द्र	अन्य अस्पताल	गैरसरकारी संस्था(NGO)	अन्य (खुलाउनुहोस्)	जम्मा
२०८०/०८१	४३८			पाटन अस्पताल-३ विर अस्पताल-३ ट्रमा अस्पताल-१ कान्ति अस्पताल-१ जम्मा-८	मानवसेवा आश्रम-२ साथी संस्था-१ एपिरोन संस्था-७ नेपाल युथ -१ बाल मन्दिर-४ राष्ट्रिय बाल अधिकार परिषद्-२ जम्मा-१७		४६३

- ८ जना सेवाग्राही बाहेक ९६ जना सम्बन्धित परिवार आफैँ तथा प्रहरी मार्फत नै गएको देखिन्छ ।

● भर्ना गरिएको १०४ जना

First Tri	Second Tri	Admission Observation	Delivery
24	53	Emergency LSCS - 7 Vaccum Delivery- 1 IUFD – 1 Molar pregnancy – 1 Total - 10	39

Antenatal Checkup (ANC) =67 (from 22 weeks to 36 weeks of pregnancy)

- मनोसामाजिक परामर्श - ३३८
- PEP- 1
- I-PILLS – 64

- ५. एपिरोन संस्था - ११
- ६. ट्रमा अस्पताल - १
- ७. मानवसेवा आश्रम - २
- ८. कान्ति अस्पताल - १
- ९. नेपाल युथ - १
- १०. बालमन्दिर - ४
- ११. राष्ट्रिय बाल अधिकार परिषद् - २
- जम्मा - २९ जना

सर्भाइवर अफ डिज्यवलिटिज इन ओ.सी.एम.सी.

- १. आँखाको समस्या - १
- २. बोली तोते बोली - ३
- ३. मेन्टल रिटाडेसन - २
- ४. कान नसुन्ने - २
- ५. फिजिकल डिज्यवलिटि - ४
- ६. प्यारा प्याग्लेजिया - ०
- ७. डिपरेसन् - १३
- जम्मा - २५ जना

परोपकार प्रसूति तथा स्त्रीरोग अस्पताल - ओ. सी. एम. सी.) बाट पठाइएको

- १. पाटन अस्पताल - ३
- २. बिर अस्पताल - ३
- ३. कोसिस नेपाल - ०
- ४. साथी संस्था - १

Chain of Custody from (sample send from 1st Shrawan to Ashar 31) - 222

- Vaginal swab stick - 595
- DNA Sample - 11
- Clothes - 89
- Blood toxology - 10
- Urine Toxology - 3
- Pubic Hair - 2
- Stain of hair - 1

Sample preserved in fridge with in 6 months – 43

Sample preserved in fridge with in 1 years - 21

सामाजिक सेवा एकाई

गरिब, असहाय, अपाङ्गता भएका व्यक्ति, ज्येष्ठ नागरिक, लैङ्गिक हिंसा पीडित, विपद् एवम् प्राकृतिक प्रकोप बाट पीडित गरिब तथा विपन्न आकस्मिक बिरामी, सीमान्तीकृत तथा लोपोन्मुख आदिवासी जनजाति आदिलाई स्वास्थ्य सेवा उपलब्ध गराउन राज्यलाई नैतिक तथा कानुनी रूपले जिम्मेवारी र जवाफदेही बनाएको छ ।

लक्षित समूहका बिरामीहरूलाई सामाजिक सेवा एकाइमार्फत विशेषज्ञ सेवा निःशुल्क वा आंशिक छुटमा सेवा उपलब्ध गराउने काम भएको छ । यसै अनुरूप यस परोपकार प्रसूति तथा स्त्रीरोग अस्पतालले २४ घण्टा नै यो सेवा सेवाग्राहीहरूलाई उपलब्ध गराउँदै आइरहेको छ ।

सहलियत स्वास्थ्य सेवा पाउने लक्षित समूह :

१. गरिब
२. असहाय

३. अपाङ्गता भएका व्यक्ति
४. ज्येष्ठ नागरिक
५. लैङ्गिक हिंसाबाट प्रभावित
६. गरिब तथा विपन्न आकस्मिक बिरामी
७. विपद् एवम् प्राकृतिक प्रकोप पीडित
८. सीमान्तीकृत तथा लोपोन्मुख आदिवासी जनजाति
९. महिला स्वास्थ्य स्वयंसेविका
१०. कुपोषित बालबालिका
११. प्रहरीले ल्याएका थुनुवा तथा कैदी बिरामी
१२. शहिद परिवार

माथि उल्लिखित लक्षित समूहका बिरामीहरूलाई उनीहरूको आर्थिक अवस्थाको मूल्याङ्कन एवम् परिचयपत्रका आधारमा अस्पतालमा उपलब्ध सेवाहरूमा छुट प्रदान गर्ने गरेको छ । तर, लैङ्गिक हिंसापीडित व्यक्तिका हकमा भने सम्बन्धित अस्पतालमा उपलब्ध हुने सबै स्वास्थ्य सेवाहरू पूर्णरूपमा निःशुल्क गरिएको छ ।

आर्थिक वर्ष (२०८०/२०८१) मा सामाजिक सेवामा सेवा लिन आउने सेवाग्राहीहरूको तथ्याक्त यस प्रकारको रहेको छ ।

S.N	MONTHS	POOR/ VERY POOR	SENIOR CITIZEN	PATIENT WITH DISABILITIES	HELPLESS	FEMALE HEALTH WORKER	TOTAL NO. OF PATIENT	TOTAL AMOUNT
1	SHRAWAN	54	12	26	1	1	94	2,32,346
2	BHADRA	77	8	20	1	0	106	2,64,459
3	ASHWIN	59	3	17	1	1	81	2,39,705
4	KARTIK	44	4	15	0	0	63	1,72,100
5	MANGSHIR	51	14	24	0	1	90	2,02,412
6	POUSH	44	14	16	0	0	74	2,23,826
7	MAGH	52	8	23	0	0	83	2,32,067
8	FALGUN	49	13	19	2	1	84	2,42,404
9	CHAITRA	44	14	18	2	0	78	1,96,554
10	BAISHAK	48	16	23	1	1	89	2,48,417
11	JESTH	69	17	31	1	0	118	3,51,608
12	ASHAD	72	20	25	3	0	120	2,04,614.25
Total		663	143	257	12	5	1,080	28,10,512.25

Total Number of Patients :- 1,080

Total Amount :- Rs. 28,10,512.25

PREPARED BY:

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Neelam Manyal, Rojina Adhikari,
Bushara Khatun, Deepa Paudel

प्रसुती तथा स्त्री रोग अस्पतालमा खोप कार्यक्रम



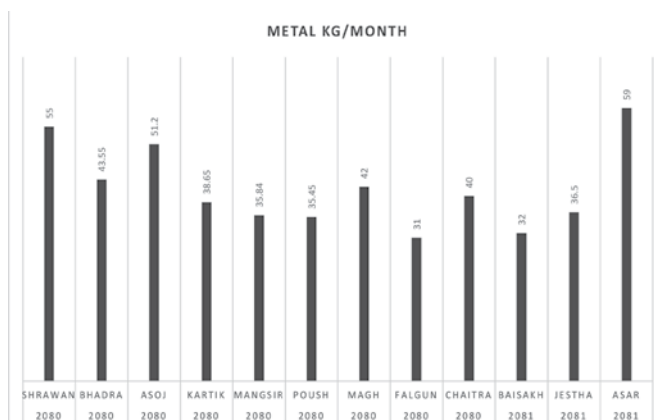
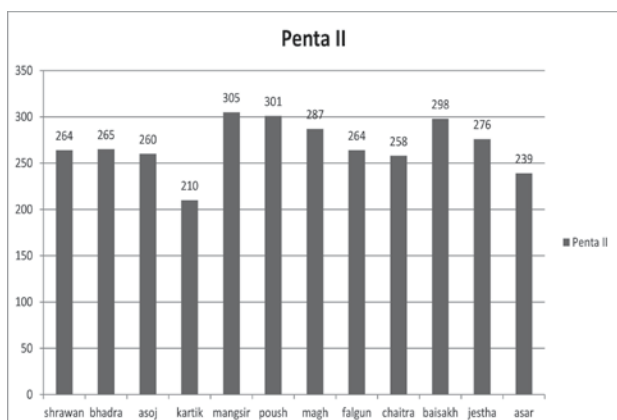
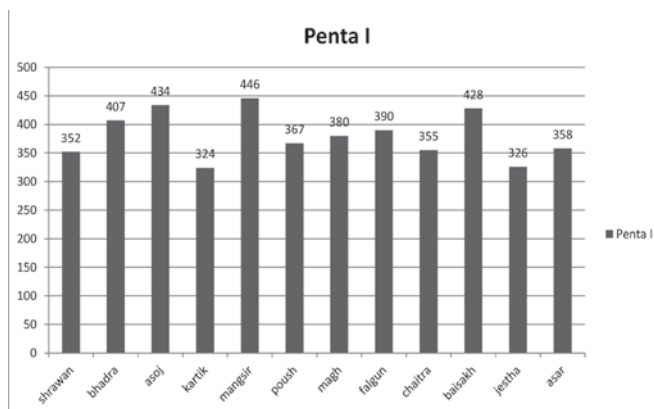
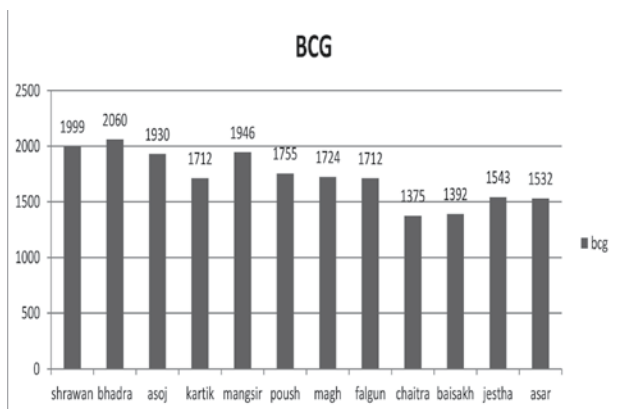
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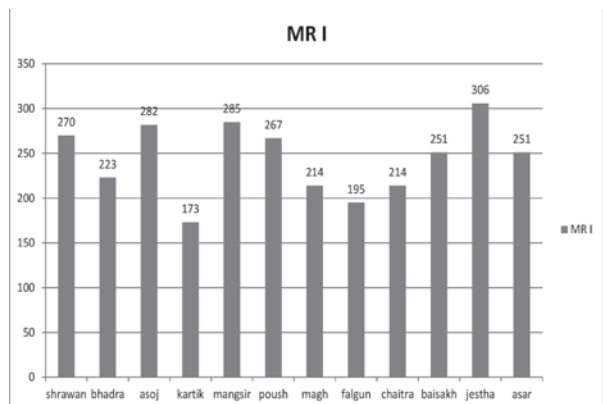
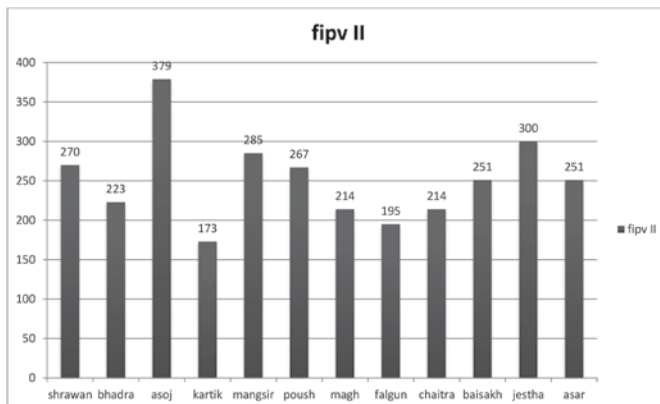
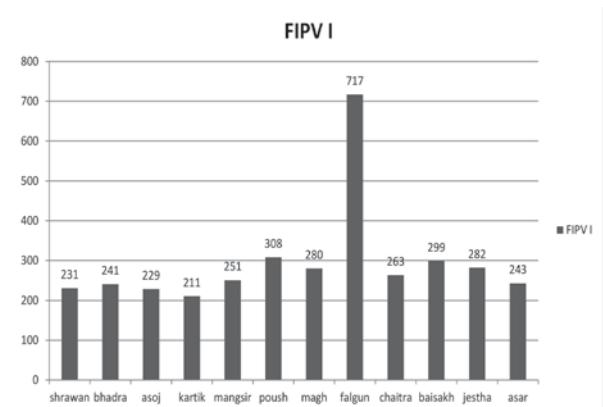
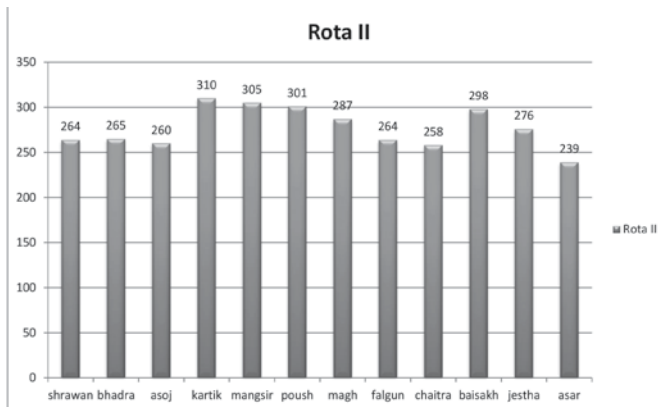
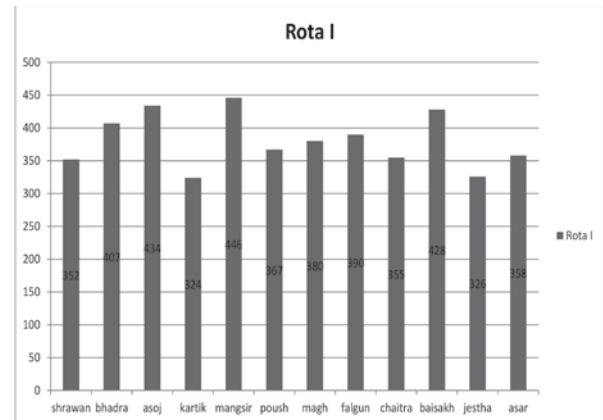
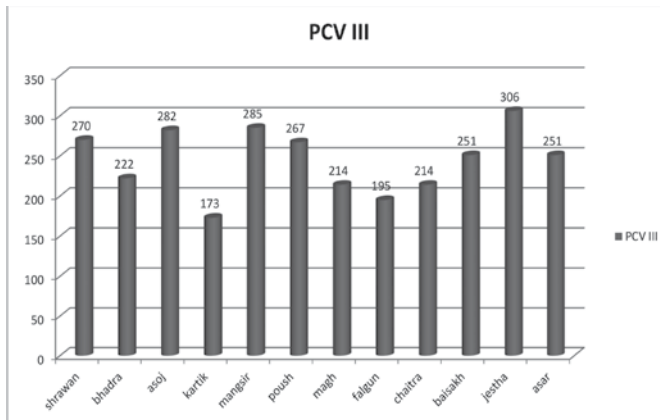
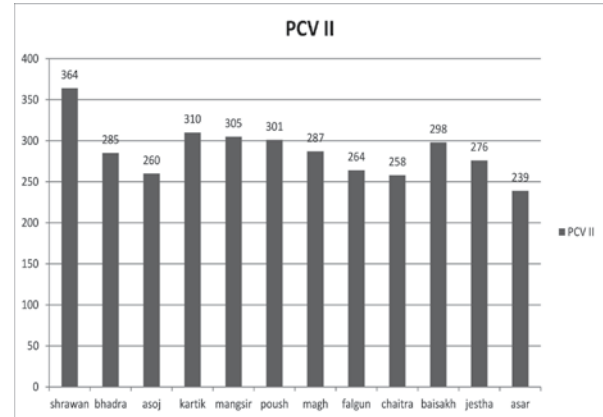
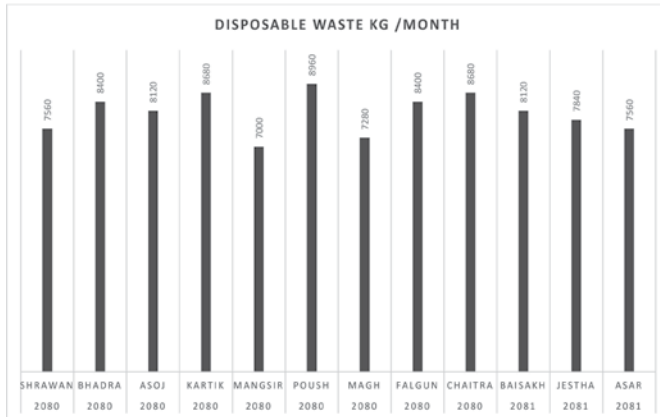
नेपालमा खोपको इतिहास र खोप कार्यक्रमको सुरुवात सन् १९८५० देखि भएको मानिन्छ । नेपाल सरकारले औपचारिक रूपमा २०३४ सालमा पाइलट खोप कार्यक्रमको सुरुवात गरिएको हो । सोहि वर्षमा डि पि टी र टिटानस रोग विरुद्ध र सन् १९८९म दादुरा रोग विरुद्ध नेपाल अधिराज्य भरका २०४६ बि.स मा दादुरा रोग विरुद्ध नेपाल अधिराज्य भरका बालबालिका हरुका लागि खोप कार्यक्रम संचालन भएको हो सन् । २०७२ मा जे ई सूइ सुरु भएको हो । एस खोप द्वारा जापानीज एन्सेफलाइटिस रोग विरुद्ध लड्ने प्रतिरक्छया च्यामता प्राप्त हुन्छ ।

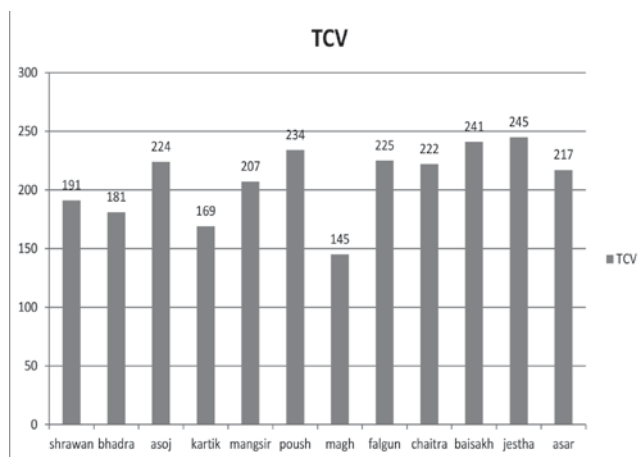
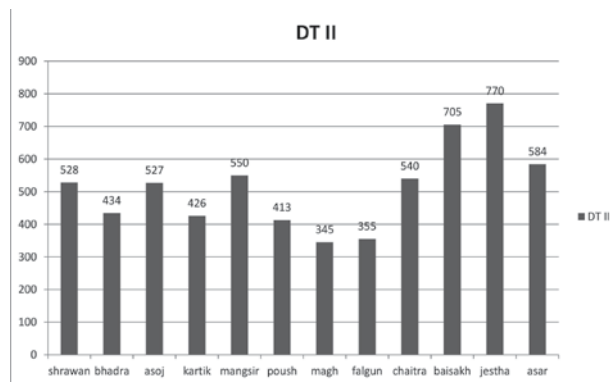
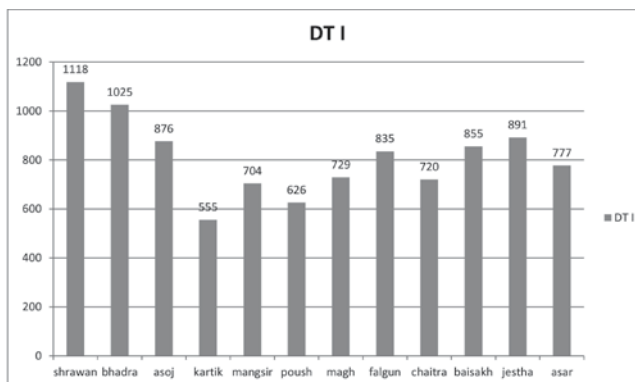
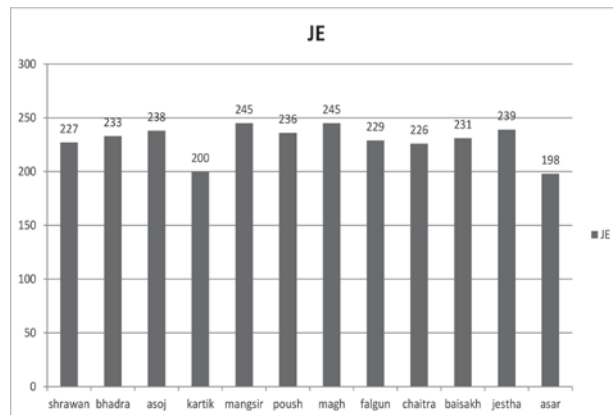
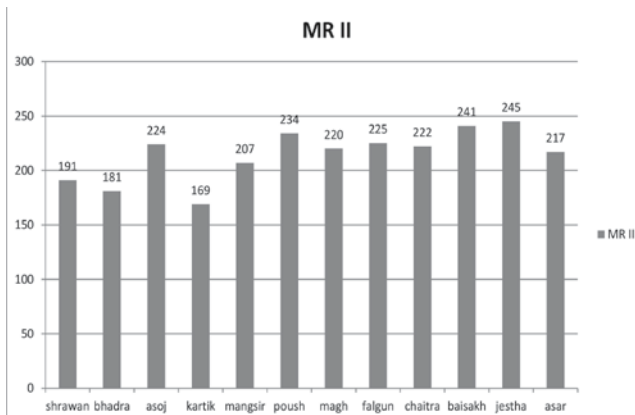
परोपकार प्रसुति तथा स्त्री रोग अस्पतालमा मिति २०३४ साल

देखिने बि सी जी खोप संग नियमित खोप कार्यक्रम मार्फत आम रूपमा नेपाल भरिका बालबालिकाहरु लाइ दिने गरेको देखिन्छ । २०७७ पौष तथा माघ महिनादेखि नेपालमा कोभिड महामारी रोग विरुद्ध लड्न देश भरका आम जनताहरु लाइ कोभिड रोग विरुद्ध खोप अभियान संचालन भएको थियो । २०८० साल भाद्र २७ गते बाट ९ वर्ष देखि १४ बर्ष सम्मका छोरी नानीहरुलाई HPV खोप कार्यक्रम पाइलट प्रोग्रामको रूपमा सुरु भएको छ । साथै विभिन्न समय र मितिमा खोप कार्यक्रम संचालनमा आएका छन् जस मध्ये टि बि रोग विरुद्ध लड्न जन्मेको केहि मिनेट भित्र बि सी जी खोप बच्चाहरुलाई लगाईन्छ ।

प्रसुती तथा स्त्री रोग अस्पतालको आर्थिक वर्ष २०८०/८१ को खोप विवरण :







Human Papilloma Virus (HPV) Vaccine		
Dose	Age Range	Vaccinated
First dose	14 year girls	1251
Second dose	14 year girls	1124
First dose	9-14 years girls	217

Activities of Paropakar Maternity & Women's Hospital Library Hall F/Y 2080/81

Sarmila Shakya
Library In charge

In this fiscal year 2080/81 done various interesting topics were presented by faculty members in the library hall of Paropakar Maternity & Women's Hospital. Along with that regular presentations were on Maternal & Mortality Death Reviews, several guests were invited for lectures and conducted CME activities, fellowship class & OB/GYN, besides that. These activities have immensely supported hospital personnel and other stakeholders. The following information's have been obtained:

DOCTORS CME			
SN	Date	Topic	Speaker
1.	080.4.10	Nulligravida with huge fibroid uterus	Dr.Anita Shrestha
2.	080.4.31	Cervical prolapse	Dr.Tripti Shrestha
3.	080.5.13	Common surgical emergencies in neonates	Dr.Grishma Ligal
4.	080.6.17	Twisted tube-ovaria mass	Dr.Smeena Pradhananga
5.	080.7.15	001 Emergency code: A clinical audit	Dr.Ujjwal Basnet
6.	080.7.22	International pathology day	Dr.Karisham Malla Vaidya
7.	080.8.6	001 Emergency code: A clinical audit	Dr.Ujjwal Basnet
8.	080.9.4	A case of necrotizing fasciitis after cesarean section	Dr.Sonu Newa
9.	080.9.11	Recurrent pregnancy loss	Dr.Sheela Dhakal
10.	080.10.10	Birth defects: Congenital anomalies	Dr.Anju Oli
11.	080.10.24	Cesarean section: a complication of chorioamnionitis	Dr.Renuka Dahal
12.	080.11.9	Artificial intelligence in gynecology & obstetrics	Dr.Barun Rai
13.	081.2.16	Permanent contraception: Ethical Issues & Consideration	Dr.Ashwani Kumar Gupta
14.	081.2.30	SLE in Pregnancy	Dr.Meeta Thapa
15.	081.3.5	MPDSR	Dr.Babita Shah
16.	081.3.5	ANC study data review meeting at PMWH	Dr.Suraj Bhattarai
17.	081.3.12	Overactive bladder	Dr.Anamika Jha
18.	081.3.19	Training opportunities in the UK through MRCOG exam: Way forward	Dr.Namita/Dr.Sanjita

NURSING CME			
SN	Date	Topic	Speaker
1.	080.4.11	Young women and abdominal	Jayanti Chhantyal
2.	080.4.18	Breastfeeding	Smriti Poudel
3.	080.4.25	Sever Pre-eclampsia	Mithu Basnet
4.	080.4.31	Induction and augmentation	Bishnu Kumari Gurung

NURSING CME

SN	Date	Topic	Speaker
5.	080.5.21	Goals of basic care	Asha Laxmi Prajapati
6.	080.6.4	Hospital management class	Indira Dhungel
7.	080.6.18	Role & responsibility of nurses in 2nd Trimester abortion	Sagun Thapa
8.	080.7.2	Non-violence communication for humanizing health care	Pabitra Basnet
9.	080.7.17	Vaginal bleeding in late pregnancy (APH)	Ramita Manandha
10.	080.7.23	Infection Prevention (IP)	Asha Laxmi Prajapati
11.	080.8.28	Newborn baby	Shova Adhikari
12.	080.10.18	Infection prevention and health care waste management	Supervisor Laxmi Rijal
13.	080.11.3	Hypo volume Shuler	Jayanti Chhantyal
14.	080.11.10	ANC to PNC continuum of care	Bishnu Kurmai Gurung

NESOG CME

SN	Date	Topic	Speaker
1.	080.10.17	Cervical Cancer Awareness	NESOG

PESON CME

SN	Date	Topic	Speaker
2.	080.4.19	PESON CELERATES WBS	Dr.Ashma Rana

OTHER ACTIVITIES

SN	Date	Topic	Speaker
1.	2080.4.2	Blood Donation Committee Meeting	PMWH
2.	2080.4.5	Farewell (Sister Laxmi Shrestha/ Rama Karki)	PMWH
3.	080.4.25	Farewell (Director Dr.Pawan Jung Rayamajhi)	PMWH
4.	080.5.7	Perinatal death review	PMWH
5.	080.5.18	HPV demonstration programme	Family Health Care
6.	080.6.5	Redefining treatment paradigm in management	Dr.Manish Pandey (India)
7.	080.6.19	Maternal Mortality	Dr.Supriti Silwal
8.	080.8.4	Farewell: Matron Asha Laxmi Prajapati	PMWH
9.	080.8.6	Farewell: Bina Amatya	PMWH
10.	080.8.11	Orientation of health care workers in AMR	Dr.Karishma Malla Vaidya
11.	080.8.15	CAR protocol of endometrium cervix ovary	Dr.Kabita, NAMS resident
12.	080.8.18	Perinatal Audit Kartik 2080	Dr.Supriti Silwal
13.	080.8.19	Maternal Health Integration with in Routine Maternal Care	Saraswati Dhungana, WHO

OTHER ACTIVITIES			
SN	Date	Topic	Speaker
14.	080.8.22	ANC Research Nepal, Mortality Meeting	Dr.Surya Bhattarai,GLOHMED
15.	080.8.24	Midwifery Management Meeting	Midwifery Society & MHOP
16.	080.8.26	Human Milk Banking Breastfeeding & Sick Newborn Identify on Training	PMWH
17.	17.080.9.6	080.9.6 Improving maternal and infant patients care through	Dr.Ramona Chopra, India
18.	080.9.25	Case presentation: Urinary infection in pregnancy with bladder injury	Dr.Sanam Acharya
19.	080.9.25	Farewell: Kalpana Tuladhar	PMWH
20.	080.10.4	Farewell: Uma Luitel	PMWH
21.	080.10.15	MPDSR	Dr.Supriti Silwal
22.	080.10.29	Well come BHS/B Sc Nursing Program	PMWH
23.	080.11.11	Farewell: Sunkeshari Shrestha	PMWH
24.	081.01.23	International Midwifery Day	MIDSON
25.	081.01.30	Farewell: Roshani Tuladhar	PMWH
26.	081.01.30	Infection prevention training (Ward attendant)	MN,NAMS
27.	081.1.31	MPDSR Presentation	Dr.Supriti Silwal
28.	081.2.17	Leadership and management practice	BMS 3rd Year, NAMS
29.	081.2.21	World Blood Donation Day	PMWH
30.	081.2.21	Norway Abbasside visit Programme	PMWH
31.	081.3.18	65th Annual Janmasthan Meeting	PMWH
32.	081.03.19	Training opportunities in the UK Through MRCOG exams: say forward	Dr.Namita/Dr.Sanjila
33.	081.03.19	Perinatal death review meeting	PMWH

ParopakarMaternity & Women's Hospital														Parsu-Ram Dahal						
Thapathali, Kathmandu														Blood Bank Incharge						
Blood Transfusion Service Annual Data 2080/081																				
Months	Cross-Match	Total Patients	MT Donor	NRS	A	B	AB	O	A	B	AB	O	Transfusion	Reaction	Expiry Blood	HIV, HBsAg, HCV, VDRL	Group/Rh	DCT	ICT	Other Hospital
				BTS	+ve	+ve	+ve	+ve	-ve	-ve	-ve	-ve	-ve							Blood
																				Supply
Shrawan	1876	1520	300	192	630	503	155	508	13	26	10	31	513	2	40	300 x 4	1363	88	63	124
Bhadra	1702	1418	161	134	484	411	199	555	19	19	5	10	453	3	16	161 x 4	1398	113	53	62
Ashoj	1789	1464	123	350	524	487	197	517	27	18	16	3	490	1	19	123 x 4	1288	100	50	49
Kartik	1514	1308	99	262	520	398	133	427	6	17	2	11	339	4	39	99 x 4	1079	73	32	38
Mansir	1682	1408	83	366	525	437	147	520	14	12	6	22	406	1	8	83 x 4	1045	74	58	41
Poush	1622	1402	187	210	497	433	153	484	23	11	2	19	468	3	23	187 x 4	1154	76	49	42
Magh	1673	1393	210	119	551	392	123	553	20	8	20	6	461	2	10	212 x 4	1146	65	43	100
Falgun	1681	1357	148	203	481	417	159	473	35	28	4	24	400	1	14	148 x 4	1192	100	46	93
Chaitra	1441	1180	158	161	430	335	153	478	18	16	5	24	360	2	39	158 x 4	1127	65	63	83
Baishakh	1518	1331	124	229	440	427	138	453	7	8	24	21	401	0	38	124 x 4	1099	84	66	57
Jesth	1589	1275	153	147	456	435	138	500	7	8	24	21	380	2	27	153 x 4	1203	105	72	70
Asadh	1700	1401	141	336	553	501	146	438	1	15	12	19	558	2	36	141 x 4	1293	103	66	62
Total	19727	16457	1887	2709	6091	5176	1822	5906	205	186	130	211	5229	23	309	1887 x 4	14387	1046	661	821
PRBC:-	1036																			
FFP:-	681																			
PRP:-	323																			
PC:- 20	19																			



Adminstrative Team



Anesthesiology Department



ART Committee Member



Baby Show Team



Bhaisepati Clinic



Biosafety & Biohazard Training for Supporting Staffs



BMS 1st Batch Students



BMS 2nd Batch Students



BMS 3rd Batch Students



Briefing with Norwegian Ambassador



BTS Software Orientation Program by NBBTS, NPHL



BTS Team



CAC & Family Planning Team



Campus Chief with Faculties



Celebrating Antimicrobial Resistance Awareness week



Celebrating Blood Donation week



Celebrating Cervical Cancer Awareness Program



CLMC Team



Democracy Day Celebration



ER Staffs



EU Abassador & FCDO Team



Faculties with BSc Nursing 1st Batch



HPV Vaccine Demonstration Program



Imaging Services



Infertility Unit



IRC Members



Library Team with Faculties



Loving Memory of Late Prof Dr. D.S. Malla



MNSC Team



Neonatology Department



Norwegian Ambassador Visit



Nursing Incharge



OB-GYN Residents Farewell Program with Faculties



OT Family



OutSource Staff



Pathology Department



PBU Staff



Radiology Department



Running Shield's Winner 2080, OT Team



Saraswoti Puja



Biomedical Unit



Staff Union Executive Member



Medical Record Staff



Unit A



Unit B



Unit C



Unit D



Unit E



Unit F



USAID Team at PMWH



Waste Management Team



HealthyBaby Competition



OCMC Team



OCMC Team

मिति :- २०८१/०४/३०

६० औं स्वस्थ शिक्षा प्रतिस्पर्धाको नतिजा


यस परोपकार प्रसूति तथा स्त्रीरोग अस्पतालमा मिति २०८१।०४।३० गते कृष्णपञ्चमीको नतिजा निम्न लिखित भएको छ । पुरस्कृत हुने शिशुको अभिभावकले मिति २०८१।०४।३० गते नतिजा आइतबार भित्र (कार्यालय खुलेको दिन) विहान १० बजेदेखि ३ बजेसम्म केन्द्रमा उपस्थित भई पत्र बुझ्ने आउनु हुन समेत अनुरोध गरिएको छ ।


जन्मे देखि ४५ दिन सम्म :-									
सि: नं	शिशुको नाम	बालक / बालिका	नतिजा	जन्म मिति	आमाको नाम	बाबुको नाम	ठेगाना	टेलिफोन नं.	
१.	बालक	बालक	प्रथम	२०८१।०४।२८	संजिता गौतम	मनिराज अधिकारी	रामेछाप	९८२३०१३२७५	
२.	बालिका	बालिका	द्वितीय	२०८१।०४।३०	सुशिला लामा	विकेश लामा	नुवाकोट	९७६१८४८८५७	
३.	कृषिका महत	बालिका	तृतीय	२०८१।०३।३०	सजिना पाण्डे	बिरेन्द्र महत	बुटवल	९८४९१०७७९७	
४.	बालिका	बालिका	सान्त्वना	२०८१।०३।२०	शर्मिला श्रेष्ठ	उज्ज्वल श्रेष्ठ	दोलखा	९८४३०२१०५१	
४६ दिन देखि ६ महिना सम्म :-									
१.	रियान्सी गोले	बालिका	प्रथम	२०८१।०१।१४	प्रमिला गोले	राजकुमार गोले	सितापाइला	९८४७६१३६४०	
२.	आमा मगर	बालिका	द्वितीय	२०८१।०२।०८	शशिकला राई (मगर)	अनिल मश्राङ्गी	नख्खु	९८१७३०८५६९	
३.	दिनार्थ घिमिरे	बालक	तृतीय	२०८०।१२।०१	विमला कटवाल	हिरा बहादुर घिमिरे	काडा घारी	९८४१०१८०२३	
४.	अविधन आचार्य	बालक	सान्त्वना	२०८१।०१।२४	शुष्मा आचार्य	सुनिल शर्मा आचार्य	अनामनगर	९८४७६००३४८	

६ महिना देखि १ वर्ष सम्म :-								
सि. नं.	शिशुको नाम	बालक / बालिका	नतिजा	जन्म मिति	आमाको नाम	बाबुको नाम	ठेगाना	टेलिफोन नं.
१.	श्रीनीधि कार्की	बालिका	प्रथम	२०८०/०५/३०	सोनिका राना मगर	सुदर्शन कार्की	सानोठिमी	९८४०३४२७६९
२.	आर्मिक राज सिलवाल	बालक	द्वितीय	२०८०/०५/०९	रमिला बराल	बिपिन सिस्नाल	सुर्‍यादिनाक	९८५११०३००२
३.	सत्त्विक काजी थापा	बालक	तृतीय	२०८०/०५/२५	सन्ध्या दकाल	सौगात थापा	कटुन्जे	९८६६३३१५५१
४.	स्टेला उदास	बालिका	सात्वन्वा	२०८०/०६/३०	रिधिमा श्रेष्ठ उदास	सन्दर काजी उदास	नागजुन	९८४००६३५६०


डा. श्रीपूसाद अधिकारी
निर्देशक

भावपूर्ण श्रद्धाञ्जली





जन्म
वि.सं. १९९१/०६/०३ गते



स्वर्गारोहण
वि.सं. २०८०/११/२६ गते

स्वः प्रा.डा. दिव्यश्री मल्ल

यस अस्पतालका पूर्व निर्देशक तथा अस्पताल विकास समितिका पूर्व अध्यक्ष, नेपाल प्रसूति तथा स्त्रीरोग समाज (NESOG) का संस्थापक अध्यक्ष तथा PGMCC कार्यक्रम सञ्चालनका अग्राणी व्यक्तित्व आदरणीय स्व. प्रा.डा. दिव्यश्री मल्लज्यूको यहि मिति २०८० फाल्गुण २६ गतेका दिन असमायीक स्वर्गारोहण भएकोले सम्पूर्ण अस्पताल परिवार स्तब्ध भएका छौं ।

यस दुःखद घडीमा शोकसन्तप्त परिवारप्रति हार्दिक समवेदना प्रकट गर्दै धैर्यधारण गर्ने शक्ति प्राप्त होस् भनि कामना गर्दै उहाँको आत्माको चीर शान्तीको लागि प्रार्थना गर्दछौं । अस्पतालको श्रीवृद्धी तथा महिला तथा प्रजनन स्वास्थ्य क्षेत्रमा उहाँले पुऱ्याउनुभएको अतुलनीय योगदानको स्मरण तथा सदैव उहाँको मार्गदर्शनमा चल्ने प्रण गर्दै अस्पतालका सम्पूर्ण स्वास्थ्यकर्मीहरूले हार्दिक श्रद्धाञ्जली प्रकट गरेका छौं ।

परोपकार प्रसूति तथा स्त्रीरोग अस्पताल परिवार

हार्दिक समवेदना



२०१६/०७/०८

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